

**HEALTH COMMITTEE
of the
SUFFOLK COUNTY LEGISLATURE**

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Smithtown, New York on **November 16, 2001**.

MEMBERS PRESENT:

Legislators Ginny Fields - Chairperson
Legislators Brain Foley - Vice-Chair
Legislators Maxine Postal
Legislators Martin Haley

ALSO IN ATTENDANCE:

Paul Sabatino II - Counsel to the Legislature
Clare Bradley - Commissioner of Health
Bob Maimoni - Department of Highways
Ann Marie Carbonetto - Department of Highways
Dominick Ninivaggi - DPW - Vector Control
Lori Benincasa - Department of Health
Terry Allar - Real Estate Department
Adrienne Esposito - Citizens Campaign for the Environment
Mary Skiber - Aide to Legislators Fields
Chris Reimann - Aide To Presiding Officer Tonna
Marilyn Shellebarger
Bob Vanson

MINUTES TAKEN BY:

Donna Barrett - Stenographer

(* THE MEETING WAS CALLED TO ORDER AT 10:15 A.M. *)

CHAIRPERSON FIELDS:

We're going to begin with the Pledge of Allegiance led by Legislators Foley.

SALUTATION

CHAIRPERSON FIELDS:

Good morning. We have a card from Adrienne Esposito. Would you like to come forward, please.

MS. ESPOSITO:

Good morning. Is this on? This is the first time I've been the only speaker in this building. I just want to say that. My name is Adrienne Esposito, representing Citizens Campaign for the Environment. And I just want to make a couple of comments on the 2002 Annual Work Plan for Division of Vector Control, which this committee has on its agenda this morning. Also, you should have a copy of those comments, and if you don't, I'd be happy to supply extra. But I've reviewed the Annual Work Plan for the Vector Control Department, and I would like to offer some comments on that. The first thing I'd like to say is our organization is very pleased to see that in the Year 2001 there

was a 74% reduction in the use of adulticides as compared to the Year 2002. It was also a 50% reduction in adulticides as compared to the Year 1999. So we're hoping that this reduction in the use of adulticides is a trend that carries through to the Year 2002. So I wanted to start off by saying something extremely positive, and we are very, very happy about that.

The second issue that we'd like to see addressed in the plan that we don't feel is clearly in it, although it might be part of what the Vector Control Department wants to do but it was not in the plan is using GIS and GPS as a means and a mechanism to protect water bodies, whether it be streams or any type of surface waters. And many of you may know that the Vector Control Department was fined last month by the DEC for coming too close to water bodies. And one of the -- actually, the only way to really ensure that this doesn't happen again -- or the best way, I should say -- is by using the new GIS and GPS technology that the plan does identify they have it. And it talks about, you know, how it may be used, but it doesn't say that it may be used in relationship to water bodies. And so they might be planning that and maybe perhaps didn't mention that in the plan, but if they're not planning, we'd strongly urge them and recommend them to start building that data base so we can be as careful and cautious as possible to protect those water bodies.

The third comment is in the area of nontoxic control methods. And this year, the Vector Control Department did have an intern, which did some research on nontoxic methods. And next year -- I've spoken with Dominick and some of the staff -- and they'd like to do some pilot programs. We would like to see pilot programs highlighted by the County in a more serious manner. The Vector Control Department has said it's a matter of resources, and we agree. We think that the resources should be provided to the Vector Control Department to use nontoxic methods for mosquito control. That's the way we'll wean ourselves off of pesticides, if we take it seriously and highlight it as the essential ingredient that it really is. And so we wanted to, you know, advocate for greater resources for nontoxic control methods.

The fourth comment is simply that the plan, once again -- and frankly, I've been saying this for three years, and I'm going to say it every year until it gets done -- the plan uses pesticides, but there is no public education component for health effects and environmental effects of pesticides. Even the New York State Department of Health has produced fact sheets on anvil, scourge, {deet}, malathion, you name it, that they use to education the public on pesticides and what the public can do to minimize and reduce their exposure. So if the County even just used those. I've reviewed them, and there was a very large state-wide committee that was put together to form these fact sheets, that would be better than nothing. But there is no yet -- to my knowledge anyway -- concrete plan to help the public understand how to minimize and reduce their exposure and what are the health effects so that the public can be aware to look for those health effects if they are having reactions to those pesticides that we apply.

And the last and final comment is that in the plan it says -- doesn't really use the word last resort, but it kind of indicates that the pesticides dibrom or naled will be used as a last resort in Suffolk. We strongly, strongly object to the use in any way, shape or form to dibrom or naled, particularly as it's identified in the plan as an aerial application. This pesticide is way more toxic than the others ones; scourge, anvil, permethrin and should not be used. I've

enclosed in your packet some various public health studies and environmental studies, which review the effects of dibrom or naled as it's called. Everything from increase in mammary tumors in female mice -- female mice, health effects include cancers of the pancreas, brain abnormalities, damage to the liver as well as bone marrow disorders in children. I really think that if there is some reason why this chemical needs to stay in the plan, it should never ever be used without the expressed knowledge and consent of the Suffolk Legislature.

So those are some of our comments on this plan, but once again, I do want to repeat that each year we believe it's getting a little better. We're happy to see the inclusion this year of nontoxic methods, we're happy about of the -- about the reduction of adulticides, and we'd like to continuing to work with the County to continue to make it a better plan. Thank you.

CHAIRPERSON FIELDS:

Thank you, Adrienne. Dominick, would you like to come up and respond to some of those point? Do you have a copy of those points?

MR. NINIVAGGI:

No. No, I don't have a copy of them, but I did take some notes here.

CHAIRPERSON FIELDS:

Adrienne, do you have an extra?

MS. ESPOSITO:

Yes, I do.

CHAIRPERSON FIELDS:

Good morning, Commissioner Bartha.

COMMISSIONER BARTHA:

Good morning.

MR. NINIVAGGI:

First, I'm glad to see Citizens Campaign is recognizing some of the progress we've made in the program. Again, as you know, we've always intended. I wish I could promise that we could always keep adulticiding at the low level we had for this year, but as we all know, this depends a lot on things like weather conditions, presence of disease. And we should keep in mind that we had a lot of unhappy people regarding this adulticide -- reduction in adulticiding and that we turn down, you know, many hundreds if not thousands of requests for adulticiding. So that's part of the reason for that reduction. And we do have to be careful that this is still an important part of the program under some circumstances. But our program has always been designed primarily for the larval stages of mosquitos, and we certainly plan to keep that up.

As far as the use of the Geographic Information Systems and Global Positioning, the GIs/GPS, we are continuing to pursue that for our adult control equipment. We already use that on the helicopter. It's a matter of finding the right types of equipment. It appears that for two out of our three spray units for, there is an off-the-shelf product available for retrofitting and we plan to pursue that. On our third machine, we're still working on that. I have to talk more to vendors on exactly what's available, but we think that that would help us in a lot of ways. It helps us in terms of our reporting, in terms of keeping good control over the operation, and it's something that

we're trying to pursue when the technology is truly available for us. In terms of protecting water bodies, this would be helpful, but there is some question as to whether the accuracy of this is good enough. Really that's a matter of training and, you know, continuing vigilance on our parts. She had mentioned that we were fined for an incident out in Flanders. That is not correct. We were given a notice of violation, which we are pursuing with the State. We feel that some parts of that are incorrect, that's a matter that we'll work out with the DEC. But we continue to work with DEC for protection of water bodies. I would second the motion that pursuing pilot programs such as nontoxics does require resources. One of the big problem that we have when we were looking at it this year is that right around the time that you would like to conduct these pilot studies is the time when the lab is at its absolute busiest and running full tilt and then some on things like virus response. So that -- that's a difficulty that we have in running these pilot projects. We're looking for ways to do that with universities or with Cornell. One of the things that we did find that did come out of the study that was done this year, the literature search, is that there aren't any nontoxic technologies out there that can replace things like the adulticiding, and you know all the adulticiding we do, but there some technologies that might be helpful in smaller areas.

And ultimately the best way, you know, to reduce use of adult control materials is improved larval control, and the best nontoxic control is a good water management program, which we continue to pursue. Public education is undertaken by the County primarily through the Health Department, and I believe the public education materials do include the information that was mentioned here. The last comment regarding the use of naled, naled is a material that we've used in the past. It's been in our response protocols for the last few years. It's primarily -- this material has certain unique advantages in terms of labeling and use around water bodies. It's the only material that's specifically labeled for use directly over water. So if we had a situation where control was needed say for a health threat adjacent to or right over water bodies, this would be the only material we would have available to us. But this is not a material that we intend to use other than in a rather extreme situation, but I think that is it should be available. Also, this is the material that's used by the Department of Defense for Emergency Response, which again, is an unlikely scenario for here in Suffolk County, fortunately, but it is a material that I think should be available to us under certain circumstances.

LEG. FOLEY:

Just through the Chair.

CHAIRPERSON FIELDS:

Let him finish and then ask a question.

MR. NINIVAGGI:

That's all my comments regarding -- in response to Ms. Esposito.

LEG. FOLEY:

Just on the last point. Within the plan -- perhaps you have it in the plan, perhaps not -- but you say with certain circumstances you would use -- on emergency basis -- this -- that kind of product. Well, do you -- do you have written out the protocol as to what thresholds would have to be met in order to have it defined as an emergency, or is that just something that's relatively subjective decision that's

made by yourself and the Department? What thresholds have to be met? And are they written as to what needs -- what circumstances need -- need to arise in order to use that kind of product?

MR. NINIVAGGI:

We've put together a protocol with the DEC in 1997 for Eastern Virus Response. It was not finalized, but we have that available to us. And basically, that material would be used, as I said, in situations primarily nonpopulated areas that have wetland issues where this material in unique --

LEG. FOLEY:

What would be -- what would it be used for; Triple E, West Nile, heavy infestation of adult mosquitos? What is the circumstance?

MR. NINIVAGGI:

It would be -- it's a disease respond material. We feel that we can handle the other problems that we have without use --

LEG. FOLEY:

Now when you say disease response, what diseases are we talking about?

MR. NINIVAGGI:

Well, it would be viral encephalitides. And one thing I think that is in the plan, and I think we should all be aware of is that if we've learned anything from West Nile Virus, we've learned that frankly we don't know what diseases we might be dealing with in 2002. There is every likelihood that at some point in the future, additional exotic mosquito born pathogens, it will arrive here in Suffolk County. There is absolutely no reason why it can't happen, and we need to be prepared. And when we make decisions to use material like this, it is always a joint decision with the Department of Public Works, Health Services. A situation of that magnitude, we would also have the State Department of Health and possibly even up to the CDC. But again, I think we need to maintain some flexibility, because if there's anything we've learned from this episode is that, you know, unexpected and not very nice things do sometimes show up, and we need to be prepared for them.

CHAIRPERSON FIELDS:

How do you prepare for them?

MR. NINIVAGGI:

Well, you prepare for them, in our case, by having a wide range of tools available for us to use so that if that contingency does come up you're able to use them. For instance, New York City in 1999, had no large scale mosquito control capability whatsoever. They had to call on us to help them. We've been able to respond in a more measured and targeted manner because we had those capabilities. We know how to use these materials. We know --

CHAIRPERSON FIELDS:

But you're saying then that we should be prepared to help another County or entity, not Suffolk.

MR. NINIVAGGI:

Oh, no. No. I'm saying we should be prepared to take care of our own situation by having, you know, those technologies available to us. And one of the ways that we are more prepared than most jurisdictions is kind of the low technology, people on the ground who know where the mosquitos breed.

CHAIRPERSON FIELDS:

Can I ask a question? How many people do we have working in Vector Control? What's your staff like, and what are -- what are their jobs?

MR. NINIVAGGI:

We're authorized for 51. I believe we have three vacancies right now. The primary work during the mosquito season is approximately 12 crews that work out in the field, visiting mosquito breeding sites, treating them if necessary with larvicides such as the bacterial products or the insect growth regulators.

CHAIRPERSON FIELDS:

How do they know -- what are their backgrounds? How do they know when to treat something?

MR. NINIVAGGI:

Well, they -- our primary person in the field is called an auto equipment operator. It is a person who the pesticide training, the 30-hour course additional training in house, on-the-job training and they will go out using a dipper or other devices just to look for mosquito larvae. They receive training in which situations require which materials. And basically, that -- that's one of our big advantages, because over the years, we have a pretty good idea of where the major mosquito breeding sites are.

CHAIRPERSON FIELDS:

So you have 51, three vacancies, 12 crews that visit sites, the 12 crews are made up of how many people?

MR. NINIVAGGI:

Two to three people.

CHAIRPERSON FIELDS:

That's 36.

MR. NINIVAGGI:

Then, of course, we have a foreman required for them, the office staff, laboratory staff, in addition there are four positions in Health Services.

CHAIRPERSON FIELDS:

How many people in the office staff?

MR. NINIVAGGI:

Office staff we have -- we are authorized for six clerical professional plus a radio operator, a field supervisor, and the Vector Control Aide to do the -- maintain the warehouse, hand out the materials, do those sorts of things.

CHAIRPERSON FIELDS:

How many people in the laboratory?

MR. NINIVAGGI:

Laboratory will have four position in Health Services, two Public Works, we generally bring in two to three summer hires also.

CHAIRPERSON FIELDS:

Okay. We've talked about criteria from time to time -- every year actually, and I've never been able to have a hard fact of how you deal with the criteria of when and if to spray. And as we learned, and I

can only think of two, there's a third one, but you have the amount of calls that you get and then you have the dipper, where you dip and find out how much you have in particular pools and then what's the criteria?

MR. NINIVAGGI:

Well, the dipping is for larval mosquitos, for adult mosquitos we have New Jersey light traps and CDC light traps that -- the New Jersey traps are standard locations that give us an idea of mosquito populations, the CDC traps are both for mosquito abundance and for virus sampling.

CHAIRPERSON FIELDS:

So we asked this a while ago, and one of the things that I think I wanted to see in the Vector Control Plan was the actual written criteria. It takes three calls, five calls, five hundred calls, or it takes a certain amount of, in the dipping, how many larvae you see. But that's never -- I don't think it's listed anywhere.

MR. NINIVAGGI:

I think there's a danger in putting specific numbers on that. It's very difficult to come up with numbers that are going to be applicable in all situations. For instance, if you look at say number in light trap, each light trap -- light traps don't give you an absolute measure of mosquito abundance. All they do is give you a relative index, a number that might be high say in the Hamlet of Brookhaven -- that might be low say in the Hamlet of Brookhaven, which is normally an infested area, but it might be considered very high in another community. So that -- that's why there is some judgment involved --

CHAIRPERSON FIELDS:

Just explain that to me. I don't -- I don't understand that.

MR. NINIVAGGI:

In other words, traps -- a trap might be in a location that's not very heavily populated -- how many mosquitos are found in a trap is very very, very dependant on exactly where that trap is put. You can put two traps in the same community a hundred yards apart and get fairly different numbers. So there's no absolute number that you could use that's going to be applicable County-wide. You have to look at relative to what's normal for that area. I think another issue in terms of having set numerical criteria is that we get a lot of calls from people who want their community sprayed. And many times -- most of the time we say no. And they'll be a lot of reasons for that among which might be we know that they're going to be declining anyway. If we have numerical criteria in the plan and a community meets that criteria, we really have no choice but to go out and treat them. I don't think that that's --

CHAIRPERSON FIELDS:

But again -- but again, what's the criteria? If you're saying if you have a number of calls but the don't meet the criteria, but yet you're not able to tell me the criteria. And you're saying that there's a danger in putting numbers, there could be a danger on the other end. If you get three calls and spray or you get 500 calls and spray, I mean, I don't -- I don't see how you measure that.

COMMISSIONER BARTHA:

Well, to do what's being suggested, we would have to -- you would have to have a defined area and then you would have to look at number of complaints per square mile, and you have to look at density of the

population in a particular area. None of that is suspectable to an easily laid out protocol. That's where the judgment of people like Dominick who has, you know, considerable background in this field, he can take those factors into consideration. We also take into consideration when, you know, we get calls from elected officials as to a particular need because sometimes the calls are going to their office rather than our offices. And they have a handle on it as well.

CHAIRPERSON FIELDS:

But that could be -- let's say Dominick wanted to spray everyday, you know, eight hours a day. Okay. And let's say. You know. A certain amount of Legislators just didn't want to hear those call anymore. They get one call and they call Dominick. There's no criteria, and that could be dangerous. On the opposite end, the worst end, the Public Health end it could be dangerous.

COMMISSIONER BARTHA:

I think the evidence of the reduction that we've had in aduclicides steadily over the last several years is an indication that we are not looking to spray.

CHAIRPERSON FIELDS:

Probably because we've made such a big deal out of it, but I think --

COMMISSIONER BARTHA:

Way before -- this reduction started way before anyone was making a big deal out of it.

CHAIRPERSON FIELDS:

No. But I'm just saying that's it's -- it's out in the open and everybody's complaining about, not just Suffolk County, it goes all other the State. And everyone is much more aware of the problem, but I'm just saying for safety sake, I wouldn't see -- I wouldn't see the danger of putting down criteria, because that can be looked at and altered, and, I think, in the winter months, when you're not utilizing 51 people out in the field --

COMMISSIONER BARTHA:

What makes you say we're not using 51 people in the field in the winter time?

CHAIRPERSON FIELDS:

In mosquito, because you said --

COMMISSIONER BARTHA:

We absolutely are. That's when they do the water management, the nontoxic work, that is the focus of the program, that's what they're doing in the winter.

CHAIRPERSON FIELDS:

But they're not as busy in the winter as they are in the summer time?

COMMISSIONER BARTHA:

Actually, they are more busy in the winter.

CHAIRPERSON FIELDS:

Okay. So then while they're doing that, could they not find out what the -- how many people are in a square mile and -- I mean, couldn't they come up with a criteria? Does any Vector Control area in the United States have criteria? I would think that they do. Somebody

must.

MR. NINIVAGGI:

Very few because -- again, because a lot of these issues that we've discussed. And I've gone out, for instance, through the internet, been inquiring other districts on this, I regularly attend meetings, for instance, in New Jersey with the other superintendents there. I go to national and regional meetings on this. And this is the consensus I come with, is that districts are -- very few districts have these kinds of rigid criteria for all the reasons that I just discussed. And I think that we've been well served by the way that we've been doing things in the last years. And as Commissioner Bartha said, I think we've shown a good faith effort to operate responsibly. One of the things that you mentioned to me was we have 51 people. Let's keep in mind that, you know, most of these people are in the blue-collar titles that do the down and dirty work that absolutely has to get done. In terms of people to do things like criteria, you've got myself, you've got our biologist, Tom Iwanejko, you have Dr. Cambell, you've basically got the three people in the professional levels to work on these things. And, you know, we have an awful lot of things on our plate. There's the issue -- I spent a lot of time undoing things like this plan of work going, we have a lot of regulatory issues, environmental compliance issues, we have -- we're busy year round.

CHAIRPERSON FIELDS:

Okay. What was the nature of the most recent violation in December -- September -- September 26th?

MR. NINIVAGGI:

It was issued September 26th. It was based on an operation of August 7th. It's alleged that there was a label violation in term of how close we were to water in that -- in that application. The DEC seems to be interpreting -- well, for one thing, that they've misquoted the label compared to the material we had. And number two, you know, they've never interpreted the label in this matter. In addition, they're saying in this notice of violation that there's a specific number that we have to keep away from water, otherwise we're automatically in violation. This again is a new criteria that's being expressed to us from the State. So this is something that we need to resolve over the winter in the way that we normally do these things. And I think that the issue of how close you can be to the water when you adulticide is a very important issue because mosquitos by and large come from swamps and wetlands and places with water. And that's where you find the most mosquitos, and that's where you find mosquito borne disease. And if you're going to give the criteria that you can't go anywhere near water to control adult mosquitos, then your ability to do things like control mosquito borne diseases is going to be very constrained. So this is an issue that we do need to work out with the DEC.

CHAIRPERSON FIELDS:

But that's a State criteria, so everyone's dealing with that, not just Suffolk County, right?

MR. NINIVAGGI:

There is some variation within the State as far as how these labels are -- and laws are interpreted.

CHAIRPERSON FIELDS:

So with a different region. They interpret it differently?

MR. NINIVAGGI:

Very often.

CHAIRPERSON FIELDS:

Ours is a little more stringent region-wide?

MR. NINIVAGGI:

In some issues yes, and in some issues, no. It depends on the particular issue. So this --and this is again, one of the -- one of the reasons why I tend to be busy in the winter is that we try to go over these things, and we try to work with the agencies.

CHAIRPERSON FIELDS:

Just, I think, two more questions. In the plan -- well, first of all, how are we on wetland restoration and the Long Island initiative?

MR. NINIVAGGI:

We're continuing to meet regularly with the initiative. The project we're looking at right now is along Beaver Dam Creek in the Hamlet of Brookhaven. We're prepared -- the research agencies are working on the permitting issues. We're prepared to have some of our equipment used in that. Part of the project would involve using a machine of ours to transport material off the marsh. That machine met an unfortunate faith a few weeks ago, it had an engine fire, and we're working on replacing that particular piece of equipment. But we're continuing to work closely with the agencies, you know, on these projects. And as they become permitted, we're willing to work with them on them.

CHAIRPERSON FIELDS:

Do you tell DEC where you're going to be working? And do you inform the rest of the partners in the initiative where you're going to be working ahead of time?

MR. NINIVAGGI:

Well, we inform DEC of our general work and where we're going to be working because of their regulatory responsibility for our routine maintenance of the normal things we do in the course of just maintaining the Water Management System. We don't necessarily inform all of the partners wherever we're going to be cleaning out a ditch because that's not really part of their responsibilities.

CHAIRPERSON FIELDS:

Could you do that though, because I understand recently there was a little bit of a question about -- that they didn't know you we're going to be working on an area. And as far as I understand, it's been postponed that you're going to work in that area because it may be a wetland restoration place that you're going to work on.

MR. NINIVAGGI:

I haven't been informed that there was any interference with that. I'll certainly check with the partners.

CHAIRPERSON FIELDS:

Tom knows. I think -- and the public education, I guess that was the only other question that I wrote down. Maybe Dr. Bradley can just answer that question. It might just require a yes or a no. Dominick said that in the public education part of the program there is some components that does tell people that -- the adverse effects of

spraying.

COMMISSIONER BRADLEY:

Right. There's two means for that. One is through the website, where we have up all that information and links to the State Health Department, the CDC, the EPA. The other is we have a half-time health educator who goes out on request to educate different communities about mosquito issues in terms of disease, but more importantly, as per Adrienne's comments in terms of the risks associated with pesticide use. So those are the two means with which we do it.

CHAIRPERSON FIELDS:

There is no real overall public way other than the internet, so I'm talking about senior citizens or, you know, young mothers with babies who don't have time to get on the internet. They have no way of knowing any adverse risk associated with spraying unless they were to get on the internet or have this --

COMMISSIONER BRADLEY:

Unless it came through a community request. Or if someone calls, we'll be happy to send them information or talk to them. But it's usually through communities who call us and say, could you have someone come and speak on this issue. And when people call, we can send them information and we can let them know that the information is on the website.

CHAIRPERSON FIELDS:

Do you also publish when you're going to spray somewhere, in print?

MR. NINIVAGGI:

Yeah. That's goes out -- generally it appears in Newsday, News 12 has also been announcing that.

CHAIRPERSON FIELDS:

Could there be a little line added to that to say that there are adverse risks associated with spraying? I mean, I'm sure that someone could make it a really concise sentence.

MR. NINIVAGGI:

I wouldn't say that you can necessarily make it a real concise sentence that's really meaningful. I don't know whether, you know --

CHAIRPERSON FIELDS:

Could we work on that, Dr. Bradley, maybe? Just thinking about it, and revisit that.

COMMISSIONER BRADLEY:

We'll put our heads together. I mean, there's risks on both sides, especially if it's a public health threat and we're controlling a virus. You have to balance the two risks. I don't want to just go with the risk of the pesticides and not talk about the risk of the virus. The concern is that it would be very limited --

CHAIRPERSON FIELDS:

Isn't it known though?

COMMISSIONER BRADLEY:

It might be good to say, if you're interested in the risks associated with, call such and such or contact the website. We could do it that way.

CHAIRPERSON FIELDS:

I don't think -- I think that's public education also, you know --

MR. NINIVAGGI:

I think that that's in -- most of the announcements do have our phone number.

CHAIRPERSON FIELDS:

But it's not public education because they're not being told that there is a risk. And I think that's not a terrible thing, I don't think that would, you know, and then those people have the ability to call and find out what the risk is. I don't have any other questions. Does anyone? You do.

CHAIRPERSON FIELDS:

Thank you.

LEG. FOLEY:

Thank you, Madam Chair. Dominick, if you turn to Page 12 of the plan, second paragraph half way down, you mentioned the fact that as part of the Division's development program, the use of garlic-based products being considered as a barrier treatment to protect recreation sites. Can you expand on that? You said it's being considered, could you not instead of just considering it, start some kind of definite pilot project to see the efficacy of garlic-based products?

MR. NINIVAGGI:

We would like to work on that this coming year. We found out about a product relatively late in the season that has been -- some success has been reported. It's just a matter of resources and getting out and finding an appropriate area to do that, but, I think, that certainly it's something worth pursuing.

LEG. FOLEY:

Right. Because here you're saying you're considering it. How can we make a more definitive answer -- definitive answer that you will undertake, you know, some kind of a program or pilot project to utilize these products?

MR. NINIVAGGI:

Yeah, we're planning to try that out this year. It's a matter of getting out and finding the appropriate time and place. And ideally we would like to pursue getting Cornell University to really take the lead in doing the monitoring and the follow-up to really get a quantitative idea of how these things work because it's difficult for us to pursue that the way we'd like.

LEG. FOLEY:

Those relationships you've developed over a period of time, so I wouldn't think it would be that difficult to -- to have either the university or Cornell Cooperative Extension to be a partner in this.

MR. NINIVAGGI:

Well, we don't have money to offer them, which helps a lot. And they, of course, have their agendas that they are working on, but we are working on pursuing ways of getting this done.

LEG. FOLEY:

Madam Chair, what I would like to have happen at our next committee

meeting and with any subsequent committee meetings, either yourself Dominick or through the Commissioner, is to apprise us of any developments in this area because this is something that as one Legislator, I've been told that some promise in this area of application of garlic-based products. That being the case, I would like to know and have follow-ups from your office on how you intend to work either through your office alone or with the university or Cornell, or some other qualified entity this year, this coming year, on undertaking some kind of project, you know, a demonstration project, to see how this works.

MR. NINIVAGGI:

I think it's something worth pursuing. I think we should keep in mind though that these materials are, again, are not intended as a replacement for the broad scale techniques we use, such as ultra low volume adulticiding. These are for protecting a particular area, such as a park or part of a golf course, which is not generally what we do as a program, but it might be helpful in reducing demand for service.

LEG. FOLEY:

Well, there you go. It might be --

CHAIRPERSON FIELDS:

Let me ask a question. How -- how does it protect? What does it actually do?

MR. NINIVAGGI:

The understanding I have is that it's a material that you can apply to vegetation that will kill the mosquitos that are there and will have a repellant effect. So it can have a benefit if you have, say a park or a recreation area to help keep the mosquitos away. The down sides that we've seen in terms of working in an enlarged scale program is that it's a very high volume type of treatment. You're talking about maybe ten gallons per acre. You have to basically drench an area with the garlic-type solution. So it's not something that we can go to a neighborhood and, you know, treat hundreds of acres at ten gallons an acre and, you know, replace things like the ultra low volume that we do. So it's kind of a specialized kind of control.

CHAIRPERSON FIELDS:

It is by -- do you have to do it by manpower or by -- can you do it by air?

MR. NINIVAGGI:

You'd have to do it with ground-based equipment. And it's a high volume treatment which, you know --

CHAIRPERSON FIELDS:

It is expensive?

MR. NINIVAGGI:

It's probably -- it's not going to be cheap. It should be similar in cost to some of the things we do. For instance, at the DARE area out in Smith's Point, where we'll treat that with bermuthrin, although I would imagine that the products we use now are a little cheaper. It might not be -- the cost of the product itself might not be as big an issue as the manpower. And taking -- one thing I don't want to do is take too many people away from controlling the mosquito larvae because the work they do controlling mosquito larvae controls a lot more mosquitos than say treating a park with garlic would.

CHAIRPERSON FIELDS:

You mentioned that you have three vacancies. Where are we on -- or I guess Commissioner Bartha. Where are we on those three vacancies?

COMMISSIONER BARTHA:

The -- as I understand the budget process, there is not a whole lot of money for filling positions. I would not anticipate being able to fill those positions.

CHAIRPERSON FIELDS:

So that wasn't already allowed for, those three vacancies, in the budget?

COMMISSIONER BARTHA:

There is always a certain turnover savings, and we are never at 100%. Three positions vacant out of 51 is not unusual.

CHAIRPERSON FIELDS:

And just one other question, and we're going to go back to Legislator Foley and this garlic question -- but Gambusia, in your plan, says it's very labor intensive; however, isn't it also very effective?

MR. NINIVAGGI:

In certain limited situation, Gambusia are very effective, such as -- for instance, in a recharge basin or sump, Gambusia can be very effective. Again, it's a limited area -- a limited applicability. For instance, Gambusia are non-native fish. So we certainly don't want to put them in our native streams and lakes, which you usually don't need them anyway. So again --

CHAIRPERSON FIELDS:

How many times do you actually use that technique? In how many areas are you using that technique?

MR. NINIVAGGI:

I would have to look that up, because there might be a couple of dozen we stock in a given year, but there are many water bodies throughout the County that already have the Gambusia in them from stocking in previous years. And again, it's all part of an intergraded program. It's typical of the techniques we use. Each technique, you know, has its own situation where it works well, and other situations where its really not applicable.

CHAIRPERSON FIELDS:

Okay. Brian.

LEG. FOLEY:

Getting back to the earlier discussion on garlic-based products, you know, particularly in the university, and you know this very well on your own that they're not always attracted with -- with money that can be allocated by a local government. They could have a particular curriculum within the graduate program that some of the graduate students as part of their credits, if you will, could undertake a part of this project. So just because you may not -- there may not be money available from the County to give to the university or to Cornell, I think there are other inventive ways, creative ways, that you can still work and have a relationship, if you will, with some other outside entities that could be of help in moving along this -- this pilot project. I would also add that since this by its very nature is not a pesticide, and if you're going to apply in some parks,

it is necessarily the case that it has to be some of your people who would be applying it? When -- could it not, with some, you know, basic training, have some of the park workers in that particular park apply this product so that again, the concern that you would have that it would then enable your men and women to work out into the wetland areas.

MR. NINIVAGGI:

Legally they are pesticides.

LEG. FOLEY:

Garlic is considered a pesticide.

MR. NINIVAGGI:

Legally, you would have to be an applicator and go through the various procedures you need to go for pesticides. New York is a very strict state with pesticide regulations. And sometimes this is a good thing in a lot of ways, sometimes it can actually get in the way of these sorts of things.

COMMISSIONER BARTHA:

Let me assure you that we will, you know, barring some unforeseen circumstances, we will try it this year. We may not be able to make it as scientific a trial as we would like, but the DARE area down by the Youth Program at the Smith Point Park is really the best trial area for us. We'll get indication pretty quickly whether it's successful or not.

MR. NINIVAGGI:

And we came very close to a trial there this year with a different product until it turns out that it was not properly labeled, and the DEC ended up citing the manufacturer with a violation. So we have been actively pursuing this, but it's -- it's not a simple matter.

LEG. FOLEY:

Okay.

CHAIRPERSON FIELDS:

All right. Thank you. Thank you very much.

CHAIRPERSON FIELDS:

Did we have another card? I think somebody dropped a card up there. Thank you. Marilyn Shellabarger.

MS. SHELLABARGER:

My name is Marilyn Shellabarger, and I'm Chairman of the Liaison Committee for the Health Center Advisory Board. And today I wanted to address -- I wasn't here to address you personally during the budget hearings, but subsequently to the budget, I did attend some of the discussions before the final vote. However, it looks as if the turnover savings may be detrimental to -- I refer to them as our two book end health centers -- the Tri-community and Riverhead. And I just wanted to call to your attention that we have begged every year to make sure that those positions get filled, that our -- those that are -- with the expansion of the Riverhead Health Center into the --well, East Hampton now -- area and the natural attrition, we have some unfilled positions, which I think were removed during the budget negotiations. I can't be terribly specific. I just know that it's going to affect both the County operated health centers. And I always feel I have to remind people that, number one, our health centers every time I get Newsday and read about Nassau County Medical Center,

or whatever they call it now, I am reminded how great it is that we don't have a separate hospital and remind you that -- that our Health Center System saves of County of Suffolk an enormous amount of money. And therefore -- and we work in cooperation with the hospitals, but we have the two that are not directly contracted. So I just -- I want to remind you that we have to always be vigilant and watch out for those County operated ones. I know there are professional staff who do that, but it's the same thing -- sometimes they have a whole department to look after. And those of us in the Liaison Committee want to say we really have to have those positions. It would be a great detriment to the people that attend the health -- those two health centers. And thank you very much.

LEG. FOLEY:

Marilyn. Ms. Shellabarger, first of all thank you for bringing that to our attention. And we'll certainly find out whether, in fact -- whether, in fact, it is true that positions have been eliminated. With all -- when you have budgets of this magnitude there are things that we have to revisit, and this might be one of them. However, this is a big if, if it's true, I would imagine it would be for positions that have been chronically vacant, not that they have been vacant of recently vintage. As you know, in all of the health centers, there have been positions that have been vacant year after year after year. I know that in other departments in other years when we have put -- reformulated the proposed budgets as a body we've looked at positions that have been chronically vacant over a series of years to make a decision of whether or not to eliminate that position from the budget, only because it's been vacant year after year after year. Whether that's the case with Riverhead and Tri-Community, we'll certainly look into that, but as the record clearly reflects, particularly this committee and the Legislature as a whole has been a best friend of the health centers. So we'll take a close look at what you've mentioned.

MS. SHELLABARGER:

Well, I certainly thank the Legislature and especially the Health Committee for their continued support. But I'd just like to remind that you we have to be vigilant.

LEG. FOLEY:

Absolutely. That's right. Not just with democracy as Jefferson said at one time, but also with our health centers.

CHAIRPERSON FIELDS:

Thank you. Thank you. Tobacco settlement money. Who is here to talk about that?

MS. BENINCASA:

Good morning.

CHAIRPERSON FIELDS:

Good morning.

MS. BENINCASA:

I'm Lori Benincasa. I'm the Director of Health Education and the Learn To Be Tobacco Free Program as part of the Office of Health Education. What I did, which I thought based on your request, Legislator Fields, would be the easiest way to describe where our funds are, is I used the model that we've adopted for our program, which comes from the Centers for Disease Control what they call Best Practices in Tobacco Control Programs. And I've copied the executive

summary for you so you can see where they recommend program dollars go, and then I've put how much we've spent in those particular allocations and the types of programming that we've done.

MS. BENINCASA:

The first two documents that I will be referring to are the executive summary, at the bottom it says "Best Practices for Comprehensive Tobacco Control Programs", and what we've labeled as the addendum to CDC's executive summary. In the third paragraph of the executive summary, CDC recommends that in order to do a Comprehensive Tobacco Control Program spending should be between \$2.50 per capita to \$10. Our funding in 2001, we were allocated \$5.7 million which would be for just a little over \$4 per capita considering the population of Suffolk at 1.4 million. What we've requested for 2002 would again have been 20% of the settlement dollars since these are decreasing dollars that come into the County, 4.7 would have been the 20% of those settlement dollars, which would have put us at \$3.36 per capita. And the funding that we were -- that we will be getting through the budget is 3.6 million, which is \$2.57 cents per capita, which leaves us at the very low range of what CDC recommends for spending.

I'll go through these one at a time, and if you have specific questions, I'll, of course, be happy to answer them. The first recommendation is for community programs to reduce tobacco use. Now, this is not included cessation activities. And I've listed on our

addendum, the specific programs that we've introduced that we've done over this past year and the amount of money we've spent on them. The 5th Grade essay contest -- do with you want me to go through these one at a time, these particular things that we've done? Okay. The 5th Grade essay contest, state figure shows that the majority of children that start to smoke in New York State are starting to smoke between the 5th and 6th Grade. So we thought it was very important to get to these children as early as possibly. And because our school-based program is not up and running yet, we decided to target the 5th graders with special education programs before they go into the middle schools. The 5th grade essay contest is materials that we've sent to individual classroom teachers and 5th grade throughout the County, both public and parochial schools. We give them lesson plans that they can teach the children, and as part of what we require for their award is that the students write a pledge about why -- using the materials that they've learned in their classes -- why they plan to remain tobacco free for the rest of their lives. We feel that if they make a concerted decision to remain tobacco free, if they are able to put in writing the reasons they feel being tobacco free are important that they will incorporate them.

Along with this project with did a Rip-It-Out Campaign, which is a national campaign where in the national -- in the master settlement agreement, you may recall one of the things that the tobacco industry agreed to do was limit advertising in magazines that are specially -- are used -- are read by children. And we found that they have not lived up to that expectation. So children have magazines at home, and they look through them, and they rip out the ads that are tobacco related. And they bring them to school, and they describe their ad and what's being implied by it to the rest of their class. The award for this program was a ticket to the ducks -- one of the Long Island Ducks games. We had two evening games, one for Eastern Suffolk Students and one for Wester Suffolk students. And the kids came, and their names were on -- all the schools that participated, their names

were on the scoreboard. And individual kids from each school won -- from their school they got an extra prize because they had what the school picked as the best essay for them. That was a wonderful activity for the kids because not only did they put their feelings about why they want to be tobacco free, but they also get a reward, they felt like they were rewarded for that effort. And we got a lot of feedback from the schools, from the individual teachers that attended that they thought it was a really worthwhile exercise for the kids.

We did this past year -- in fact, we've had five conferences scheduled, the final conference is going on today as we speak. One of the conferences was for medical providers to get them on board in our program to get -- get their support in referring patients to our cessation program. Most studies show that nothing will get people to think about stopping smoking more than a recommendation by their health care provider. So we want to make sure that the health care providers in Suffolk are giving the recommended advise to their patients. And at the conference we've talked about the latest information about nicotine addiction. I gave them ways to refer people to our program and specifics ways that they can help their patients.

The new mothers program is a program that we -- we were doing as a pilot this year. It started in May. They are 20,000 babies born in this County each year, and we know that probably the worst thing a mother can do during her pregnancy is use tobacco. It's the number one cause of low birth weights and premature births in children. It is also very detrimental for newborn babies when parents or anyone smokes around them after they're born. It's a leading factor in SIDS deaths, causes pneumonia, bronchitis, ear infections, upper respiratory infections. In children it is responsibility for about 20,000 hospitalizations of children under 18 months each year in this country. So what we did is we put together a new mothers package for women that delivered babies. We were doing it for May 1st of the Year 2001, and we'll continue it through May 1st of 2002. And the mothers get things that they can for their newborn babies, for instance, a medicine spoon that says, "Learn To Be Tobacco Free", a diaper bag, but also included in this is a lot of health education materials.

Education about the dangers of second-hand smoke around children and infants. Information about many of the other Health Department programs such as our health centers, our WIC program and our immunization programs. And, of course, a lot of referral information about how they can take part in any one of those programs, particularly our smoking cessation program. We did hand out incentives, not only through our community health fair programs, but also to sporting clubs and sporting events for children. The other items that I've listed do not have monetary amounts associated with them, but they are things that we did that are based on the CDC recommendations, for instance, we did presentations, Dr. Bradley and I to schools to regional PTA meetings, to other people interested in tobacco control, etcetera, many, many more community interventions that I could even list there.

Number two, which talks about chronic disease programs. While we do -- many of your programs are -- of course, all of our programs are related to reduce chronic disease. I mean, tobacco use is the number one cause of chronic disease in this country. A lot of the programs that they're talking about in the CDC really are state tobacco problems, like a cancer registry program. We do not even have the

authority to put one of those in place. But in terms of asthma prevention, parents smoking around their children, not only exacerbates asthma in children, but also causes new cases of asthma in children. So while we are having effects on those, we don't really have specific programs geared towards those, those are really more state-wide activities. The school program -- the school-based program, what we are doing now is we did develop an RFP, we did have a successful bidder, Eastern Suffolk BOCES. And when a contract it completed, they will be developing a K-12 comprehensive health education program for the department.

The program will included health education, it will also include smoking cessation programs for students that are already currently smoking in schools. Right now we are currently doing smoking cessation programs in high schools. And now, the reason this is a little different, the total amount of money spent in this area, is that we've projected what the program will cost in the Year 2002 since it is not up and running yet. What is not included in this total is the curricula that will be used in the program. This is for the development of the program, the training of teachers that will be teaching the program in the individual classrooms, hiring educators to go into the classrooms to do the presentations, and, of course, the smoking cessation programs. But all of the curricular and all -- for the cessation programs and all of the curriculum that we would be purchasing to -- for the school-based education programs were in the item instructional supplies which most of it was cut out of the budget in recent budget discussions.

You can see that CDC recommends between 4 and \$6 per student. Our -- our total spending independent of curriculum is about 86 cents per student on what we plan to do in that. The program that BOCES will be developing for us, what we've directed them to do is use already evaluated curriculum that exists. We don't believe that there is curriculum that extends from kindergarten through 12th grade, so they will be looking at existing evaluated curricular, putting them together for the students in Suffolk County and filling in gaps as necessary with new curricular.

In terms of enforcement, we receive a state grant for our compliance check program, which is often referred to as the STINGS, where we have sanitarians go around with 16 and 17 years old to check merchants make to ensure that they're not selling tobacco products to minors. We received \$220,000 from the state for that program. We also -- the Board of Health passed legislation -- passed amendments to the Sanitary Code in March that will make it mandatory for vendors that sell tobacco products to come to an education program that the Health Department will run. We think it's -- while it's important that the vendors know what the laws are, it's also important that they know the public health implications that tobacco use has on children. And the main part of our program will be a public health education effort to get them to understand the importance of why we do not want tobacco products sold to children. They will also be informed about the laws and the various severe penalties that they now face if they sell tobacco produce to minors. Again, the per capita spent on the enforcement program this year 17 cents per capita.

CHAIRPERSON FIELDS:

Can I just ask you a question?

MS. BENINCASA:

Sure.

CHAIRPERSON FIELDS:

That -- if that's a state grant, that's not really part of the money that the County has? That shouldn't be part of this, I would think.

MS. BENINCASA:

No. Well, I put all the money that's being spent in tobacco control so you would know. No, that is not -- that is not County money.

CHAIRPERSON FIELDS:

Okay.

MS. BENINCASA:

Under counter marketing, counter marketing -- I gave you another handout regarding that CDC has produced. Counter marketing is very important in any comprehensive tobacco control program. The tobacco industry spend \$8 billion a year on marketing their product primarily to children. They refer to children as replacement smokers. They're not going to get people who are in their 50s and 60s to start smoking. The best they can do is get young people and have them as life long customers. They spend \$8 billion a year which comes out to about a million dollars an hour. And they spend about a million dollars a day in New York State advertising their products. We can't possibly expect to compete with that, but the counter marketing campaign is intended for children, specifically to show them that tobacco is not the exciting, sexy, glamorous activity they have been shown in magazine ads and other advertisements that the tobacco industry portrays it to be. They portray it as a very social activity, when in fact, in most public places, smoking is not even allowed, and people have to go outdoors to smoke.

Our campaign -- this year we had allotted \$1.5 million to that campaign, which comes out to actually \$1.08 per person, and the CDC recommends that in a comprehensive program, counter marketing should be between one and \$3 per person.

CHAIRPERSON FIELDS:

Can you explain the counter marketing?

MS. BENINCASA:

Explain what we've done so far?

CHAIRPERSON FIELDS:

Well, it say, "counter marketing firm, \$1,435,000" what does that mean?

MS. BENINCASA:

That's our advertising agency, Christopher Thomas. We have a contract with them to develop our counter marketing.

CHAIRPERSON FIELDS:

And what have they done?

MS. BENINCASA:

What they have done so far is our first activity, which I'll talk about in the evaluation part was we did a survey with adults and -- because we also did a survey with children in schools -- and the survey was to determine the number of people -- the incidents of tobacco use in Suffolk County. The percentage of those people that use tobacco that would be interested in quit programs. How many of

those people want to quit? How many times they've tried? We tried to ascertain how many people are exposed to environmental tobacco smoke in their home, in their work places. We wanted to find out what public support for anti-smoking programs would be through the media, through government-sponsored programs.

LEG. FIELDS:

How many people were surveyed?

MS. BENINCASA:

Approximately, I believe, it was between three an \$4000. It was a telephone survey, and it was conducted by Stony Brook University.

CHAIRPERSON FIELDS:

How many people were surveyed?

MS. BENINCASA:

Between three and thousand, I don't have the exact number.

CHAIRPERSON FIELDS:

I thought you said three -- three hundred and four thousand dollars.

MS. BENINCASA:

No. No.

CHAIRPERSON FIELDS:

Okay. So three or 400 people were surveyed, but those were adults?

MS. BENINCASA:

Those were adults.

CHAIRPERSON FIELDS:

And how about on the children's side?

MS. BENINCASA:

The children, we had almost 5000 children surveyed in middle schools and high schools.

CHAIRPERSON FIELDS:

And do you have the results of that survey?

MS. BENINCASA:

We do. We do.

CHAIRPERSON FIELDS:

Will we be able to see those results?

MS. BENINCASA:

Absolutely. I can give you some preliminary information right now. In terms of prevalence, we have between 20 and 21% for adults, which is a little bit lower than the national average. And, of course, we have been doing a lot of tobacco control initiatives for many years, of course, on a very limited basis through the Health Department. In programs -- anti-tobacco programs were very highly respected by adults. Over 80% of them said they were in favor of community cessation programs, of programs for children in schools and for media campaigns that address the reduction in tobacco use. In children we also did a little better than the national average. We found that the initiation in middle schools and high schools of tobacco use was a little lower than the national average.

CHAIRPERSON FIELDS:

I have one particular question about this. You may remember a bill that I tried to put in to make it illegal for minors to possess tobacco. And one of the big questions that we had at that time was that we don't know whether certain campaigns work or, you know, the techniques work or anything. So is that survey the base for whether or not our campaign has been effective?

MS. BENINCASA:

Well, the youth survey -- the information we hope to get from that was baseline data -- of course, it's not exactly baseline because we have been doing tobacco control programs. So it's not like we're entirely new to this. But we want baseline information so that when we implement our school-based program, hopefully when we repeat the survey in several years, we'll be able to see dramatic reductions.

CHAIRPERSON FIELDS:

So you will be using this survey that you've just gotten the results on as the comparative survey to how the program worked. Was it effective or was it not effective?

MS. BENINCASA:

That's exactly right so that we can make modifications in whatever parts are not effective. It talks about access to tobacco products, where children get most of their tobacco products. It's the youth tobacco survey. It's administered nationwide usually by states, and it is a CDC document.

CHAIRPERSON FIELDS:

Okay. Thank you. Go ahead.

MS. BENINCASA:

So did you want me to take about --

CHAIRPERSON FIELDS:

Well, the counter marketing firm, we were breaking that down. You say that they did two surveys, that's what I have so far.

MS. BENINCASA:

They did one survey. They did the adult. They contracted with Stony Brook for the adult survey for us, the youth survey was not part of the counter marketing campaign.

CHAIRPERSON FIELDS:

So what did we pay for the -- it's not really broken down, it just says that the firm got a certain amount of money.

MS. BENINCASA:

I put that under evaluation, the adult survey, it cost \$65,000.

CHAIRPERSON FIELDS:

Okay. What else did they do besides --

MS. BENINCASA:

The counter marketing campaign? They have run focus groups to see what types of information people would respond to in terms of anti-tobacco advertisement, and they developed our campaign "Smoke-Free Moments", which we have four television commercials, we have two radio commercials, we have mall billboards, they're called mallscapes, in Walt Whitman and Smith Haven malls, we have cinema

advertising all related to the Smoke-Free Moments.

CHAIRPERSON FIELDS:

How many commercial do we have?

MS. BENINCASA:

Two television commercials -- four television commercials and two radio commercials.

CHAIRPERSON FIELDS:

And have the television -- how long have television commercials been running?

MS. BENINCASA:

The television commercials started July 9th.

CHAIRPERSON FIELDS:

Has anybody seen any of them?

LEG. HALEY:

Yes.

CHAIRPERSON FIELDS:

You have?

MS. BENINCASA:

They are all run on cable television, which is the best buy for us here in Suffolk County. To use broadcast such as ABC, NBC, we would be broadcasting our message to Suffolk, Nassau, New York City, the whole Tri-state area. So they're all on cable.

CHAIRPERSON FIELDS:

Do kids watch cable?

MS. BENINCASA:

Oh, yeah. Yeah, kids watch -- and a lot of the -- well, this Smoke Free Moments is -- is really geared more towards adults than kids. But we have also spots on Nickelodeon and the cable station that kids do watch.

LEG. FOLEY:

MTV.

MS. BENINCASA:

MTV.

CHAIRPERSON FIELDS:

You have it on MTV?

MS. BENINCASA:

I'll have to check that one. I do believe they are on MTV, the sports channels.

CHAIRPERSON FIELDS:

Is there a way of us seeing those commercials?

MS. BENINCASA:

Absolutely. Sure, I'd show happy to show them to you.

COMMISSIONER BRADLEY:

We could do it at the next meeting.

CHAIRPERSON FIELDS:

I would appreciate that.

MS. BENINCASA:

We starting running the television commercials July 9th, and we started actually just logging in calls the beginning of August for our cessation program, because the messages to refer people to our cessation line, if they feel that they need help. And we've had nearly 800 calls into the cessation line since the commercial starting running. And we do ask where people heard about the program, and over 500 of the people that have called have said that they have heard about the program through radio or television. The message is actually kind of subtle. It talks about smoke-free moments. Most smokers even if they're contemplating giving up the addition to nicotine, they -- it's hard for them to think as giving up every cigarette for the rest of their lives. So we take about smoke-free moments, and giving up the next cigarette. And like a said, it's a very subtle, and when I first saw the commercials, I thought they were very good, but I thought there would be some kind of lag between the time the commercial starting running and the calls came in because I thought people might see them once and say, gee, that's a really good idea, I've been thinking. And maybe see it again and say, gee, I'll write that number down, and, you know, I'll call tomorrow or the next day. But there was no lag at all. When the commercial running July 9th, we were getting calls July 9th as a result of those. The demand for smoking cessation is very high.

CHAIRPERSON FIELDS:

How often do the commercials run?

MS. BENINCASA:

We have the schedule of when they run based on the different cable companies, several times a day at least in most of the cable stations.

CHAIRPERSON FIELDS:

Next month can we also have that break down of where they're running and how often they're running?

MS. BENINCASA:

And they don't run continuously because, you know, that would just be extremely expensive. We have them running during peak times that people are watching TV, for instance, next month, December, is a very big time for viewing. You would want to have them on then, especially with our cinema ads. A lot of movies are released in December, a lot of kids are going to the movies, especially over Christmas vacation so you want to make a push during that time for the commercial ads. The mall scenes are in big swing during December because that is when people are doing their Christmas shopping. Having an advertising agency work with us has been extremely helpful, first of all, they get much better buys on any media they buy than we could buy independently because they buy in such bulk, but also they were able to advise us when the peak times to run the advertising would be.

CHAIRPERSON FIELDS:

I just want to go backwards a little, it says promotional incentives on top of the second page.

MS. BENINCASA:

Yes. Those are incentives for school-based education programs.

CHAIRPERSON FIELDS:

And what do they get?

MS. BENINCASA:

Well, mostly we were using them for the conferences that we have been having. One of the things that I was going to talk about in the counter marketing campaign is two web sites that the advertizing agency is developing for us, one for children and one for adults. The one for children is called "dogbreath.org. The splash page is up now. The entire web page should be up probably before the end of the month. It's an interactive web site for the children. It's got a lot of educational materials on there for them, and a lot of it is done in terms of games and activities. We hope to get sponsors for that program so that we will be able to have give-aways for the kids; tickets to sporting events or concerts or prizes for kids that are logging on to the program, because we want them to come on often, we want them to them to see the new information. So a lot of the incentives that we've been giving out have promoting the web site, the dogbreath.org. Also you've probably seen the water bottles that we give away. While we give those away primarily in our cessation program, but also to kids involved in sports. They usually always have a water bottle with them, and our's has the message "learn to be tobacco free" and a telephone number to call.

COMMISSIONER BRADLEY:

And one of the reasons for that is the complaints we get about parents smoking on the fields. And the Tobacco Action Coalition is going to be offering signs to the schools that they can post, but we think it's also very helpful when the kids are on the field, on the sidelines, with the water bottles that say "learn to be tobacco free." So it was another subtle way to try to get the parents to comply with what is the law.

CHAIRPERSON FIELDS:

What if you put something about dog breath on them? I think that would be much more effective.

COMMISSIONER BRADLEY:

On the water bottles?

MS. BENINCASA:

Well, dog breath wasn't up and running yet. So we don't want to be advertising something, you know, that isn't available to them. Now that we have the splash page on and it says, coming soon, the dog breath, you know, stop back by the end of the month, now we feel, you know, much more confident.

CHAIRPERSON FIELDS:

Okay. Go ahead.

MS. BENINCASA:

We also will be having a web site for adults that will be called "Smoke Free Moments." It's much less glitzy than the dog breath. It's a very simple page, and it's going to have information about where they can get smoking cessation tips for smokers, tips for people who love smokers -- because very often people think they're being very helpful when someone is trying to quit, and what they're doing is really not helpful at all, it's probably detrimental to the smoker. So we're going to have tips for them also and a lot of factual information on the page that they can get.

LEG. FOLEY:

Question. Thank you. About the cessation program, it's my understanding that -- is there a long waiting list for those who would like to take part in the cessation programs?

MS. BENINCASA:

Well, we're booking people now in January and February in the cessation -- I was just going to start talking about the cessation program. Far and away, that program has taken off. We started it -- a year ago June it started. We've had over 2300 people enrolled in the program. We have about 375 people right now ready to start in programs that are scheduled in January and February. We're also booking sites into next May and June for the program.

LEG. FOLEY:

Is there a concern -- is there a concern that if people right now want to go into the program as we speak and they have to wait until February to start the program that -- does some of your tracking show that they don't attend the program because it's three months later?

MS. BENINCASA:

Well, what we do in those cases is we give them information, we give them the number for the state quit line, and they get printed materials in the mean time to help them get started to quit. We do call them periodically and right before the class starts to remind them to come to class. Of course, it's best to get them into a class as soon as they call. We have two new staff that we have just recently gotten, one is a physician assistant that we hired on contract and a half time nurse practitioner that just joined the program in the last couple of months, that will greatly help us expand the program. Also we have a vacant health educator position that I have not been able to fill. It's been vacant since August, and I cannot get a qualified candidate for that program, the salary is really not very competitive. And most of are programs are evening programs because people work, so the hours are not as attractive.

LEG. FOLEY:

Just for a moment. The health educator position, that person would do what within the program?

MS. BENINCASA:

Okay. The smoking cessation program is a six week program. It's a support behavior modification education program. The health educator leads the weekly program.

LEG. FOLEY:

That's a key position then.

MS. BENINCASA:

It absolutely is. I have two of them right now.

LEG. FOLEY:

But you said there is one vacant; correct?

MS. BENINCASA:

Yes.

LEG. FOLEY:

By having one vacant, you're not able to offer as many classes as

you'd like; correct?

MS. BENINCASA:
That's exactly right.

LEG. FOLEY:
That being the case and if it's been proven so far that you're having difficulty hiring that third position because of salary level, there's been plenty of examples over the last number of years where the department has come to this committee or has gone to the Executive to say, listen, we're having difficulty filling positions at this salary level, we need to have an increase in this salary. So what I would like to see the department do for our next committee meeting is to tell us what salary level you feel that is necessary in order to fill that critical position. And it won't be any cost to the taxpayers because those monies can come out of the tobacco settlement monies as to what -- what salary you need in order to fill that last position. Now it's interesting that the other two you were able to fill at a certain salary level, but the last one you can't, which --

MS. BENINCASA:
Well, the other two came from people within the department, they didn't start at entry level.

LEG. FOLEY:
Okay. All right. So whatever you think is -- you know, not what you think, you know, what your professional judgment is, let's get on it right a way so that we can offer more courses, because I know some friends and others who are smokers, and they'd like to take the classes, but there's a long delay. And I think what you need to do programmatically speaking is to track how many fall -- fall to the wayside, if you will, who don't attend the courses because they're three or four months down the line. And I won't use the word disturbing, but if, in fact, there has been this vacancy over a period of time and that vacancy is critical to increasing the number of classes thereby shortening the period of time between the call the department receives and the services provided to that particular person, then we need to get on this right away and try to fill it even before -- I don't even know whether -- is this a civil services position? Do we need to go through --

COMMISSIONER BRADLEY:
Yes, it is a civil service position.

LEG. FOLEY:
-- you know, do all those things and -- let's do it so we can get moving on it. You know?

MS. BENINCASA:
What we have done in the mean time is I've offered other staff that also had been trained in smoking cessation over time to do programs during the week, and they have been doing it. The other critical component was I couldn't add more health education staff because I only had the one nurse practitioner, and we have a medical component of the program, she dispenses the medications. So until I got the physician assistant and the half time nurse practitioner on board she was working about 30 hours overtime a month. I couldn't stretch her any more than I did. So with those two new medical people, I can stretch the health education portions that way also.

LEG. FOLEY:

Are you having difficulty finding classes or buildings or rooms or halls for the program?

MS. BENINCASA:

So far, no. We have a packet that we sent to community people that want to host a program and then we put those programs on our website, and they're usually filled within days of appearing on the website. We have certain locations that have become permanent locations for us; Good Sam Hospital, Southside, St. Charles. They run the programs almost continuously, take -- do a six week program, take a two week break and start another one, so that, you know, we can get the registration. But we've been very successful. And we also have our mobile classroom so that if an organization does not have space -- say a small community organization wants to have -- host a program and they don't have suitable space, we have a mobile classroom that we can drive just about any place.

LEG. FOLEY:

Have you spoken with the Suffolk Community Library System, to use the libraries?

MS. BENINCASA:

Yes. We've had many programs in libraries.

LEG. FOLEY:

How about this program?

MS. BENINCASA:

Oh, yeah, that's when I mean. We've had many smoking cessation programs in the libraries.

LEG. FOLEY:

Very good.

MS. BENINCASA:

So -- also I just want to explain a little bit about the medical component of our program. I think what's been driving people into the program so much are a couple of things. I mean, we've known for 40 years the first surgeon general report came out that said that smoking was hazardous to health, but we've never had -- and we've run smoking cessation programs periodically with very bad attendance over the years. I think a couple of the things that have driven people into the program is the high cost of cigarettes, which in many cases are \$5 a pack now. And also that we provide the pharmaceuticals to the medically eligible participants in the program. These pharmaceuticals are not inexpensive, and if people have the choice between buying a tobacco product and the pharmaceuticals, they are addicted to nicotine, very often the tobacco product will win out. So I think the pharmaceuticals have really drawn tremendous numbers of people into the program, and the word of mouth about this program is unbelievable. You get one person in and then, you know, in the next session you have their nephew, aunt, uncle, cousin, brother, sister. So it's really amazing.

CHAIRPERSON FIELDS:

How long have you been running the cessation programs?

MS. BENINCASA:

Since June of 2000.

CHAIRPERSON FIELDS:

And do you do a effectiveness -- in other words, let's say 6 months out of the program, is someone calling the people to see if they've still remain tobacco free?

MS. BENINCASA:

We have several evaluations in place. We do a three month phone call follow-up. Well, first of all, after the six week session, we have a month reunion. So four weeks after the last class there's is a reunion for the people that were in that class. Many of them need additional medications at that time, and they discuss if they are smoke free and how long they've been smoke free. Then we do after that a three month telephone follow-up, and we have a six month written evaluation and a twelve month written evaluation that is mailed to participants.

LEG. FIELDS:

And?

MS. BENINCASA:

Right now we're having a little problem with our software program, getting the actual results, but we hope that is going to be straightened out within the next month, and we'll be able to get at least preliminary data. Most of the classes will not have twelve month results.

CHAIRPERSON FIELDS:

That's right now, but lets say three months ago, what was your effectiveness?

MS. BENINCASA:

Well, we had -- I do know we had between 60 and 70% of the initial participants finishing the classes, which is very unusual in cessation programs. Very often you have at least a 50 % attrition rate. Based on what we had, not computer, a large portion of that -- and I would hesitate to put a percentage on it without actual data -- were smoke free at the time we were speaking to them. I don't have actual numbers.

CHAIRPERSON FIELDS:

Have you ever had actual numbers since the program started?

MS. BENINCASA:

Well, only what we get from the people because the software program has not been able to generate that kind of information yet.

LEG. FOLEY:

It will soon, though?

MS. BENINCASA:

We hope very soon.

COMMISSIONER BRADLEY:

The three -- the three packets that will be coming out soon, one is the results of the kids' survey, the second is the adult and then it's the cessation. Before our nurse practitioner, Laura Giordano, got some help, she couldn't devote any of her time to do -- or very little of her time to do the evaluation, she concentrated on doing the classes. Now that she has help, she has some time to be able to do that. And it's very important, and we need to get that out.

LEG. FOLEY:

Because if you're doing a program and you don't know whether or not it's effective, it very often may not even be the right program. I just want to interrupt for a second and welcome the Northport High School's Environment Team, who just stepped in and are evaluating our performance. So, welcome. Okay. Can you continue on -- so when will you know the results on the effectiveness of this tobacco cessation program?

MS. BENINCASA:

We hope to have all the computer software problems settled very shortly, definitely before the end of the year.

LEG. FOLEY:

If you return to the Executive Summary, Page 5, under the cessation programs, I just want to get your comment on the -- on the second full paragraph, it speaks of state action should include establishment, population-based treatment programs, such as telephone cessation help lines covering treatment of tobacco use under both public and private insurance eliminating cost barriers, so forth and so on. It goes on to say, "no state currently is fully implementing the Agency for Healthcare Policy and research for smoking cessation guidelines. Massachusetts and California are implementing the basic recommended elements. The complete recommended program is being implemented several large health maintenance organizations around the country".

What where does Suffolk County fit in with this complete recommended program? And is what you are describing to us today is that the complete recommended program or is it part of the recommended program? Are we developing our own program? I mean the cessation program that the department is utilizing, has it been tried elsewhere through trial and error, or is it something that's being made out of whole cloth for this particular County?

MS. BENINCASA:

Oh, no. The components of the program are what are recommended.

LEG. FOLEY:

Recommended by --

MS. BENINCASA:

CDC.

LEG. FOLEY:

Okay. To the points where it mentions that there are no states that are fully implementing the smoking cessation guidelines. How close is -- is this County to implementing the smoking cessation guidelines as outlined by the Agency for Healthcare Policy?

MS. BENINCASA:

I don't know exactly what all is entailed in those guidelines, but I know that based on the CDC recommendations of the behavior modifications, the support glasses -- classes, the pharmaceutical component. New York State does have a state-wide hotline, and we do refer all of those patients to that.

LEG. FOLEY:

Well, how about Suffolk County? The state may have their guidelines, what's -- what are the guidelines, what's the program for the County? Is it a comprehensive cessation program or are we just part of the

answer and the state has also undertaken some cessation programs in Suffolk? Or are they leaving it to Suffolk to care of the smoking cessation programs through adults.

MS. BENINCASA:

The state has put out RFPs for cessation programs for specific disparate populations, what they call them. But I think we're implementing a very comprehensive cessation program.

LEG. FOLEY:

That's my question.

MS. BENINCASA:

It's reinforced with -- through our counter marketing and our media campaigns. I think it would be considered a very comprehensive program.

LEG. FOLEY:

I'm just saying just looking at the material that -- for the first time that you gave to us, when I'm reading about, you know, complete programs, recommendations and so forth and that no policy is fully implemented, just raises concerns with me as to, you know, if the state isn't fully implementing it, you know, how are we implementing the guidelines set forth by federal agencies? Ans what you're telling us is that in your estimation, we are implementing a number of the guidelines.

MS. BENINCASA:

Yes. The CDC document really is for states, for state-wide programs. We're using it on a County basis because these programs don't exist, state-wide for the most part. The state is doing a counter marketing campaign, they do have the quit line, but they're not doing all the things that we are. As far as I know there is no state sponsored cessation actual classes.

LEG. FOLEY:

Are other counties in the state or in the country that are undertaking cessation programs or are they leaving it to the states to develop those?

COMMISSIONER BRADLEY:

Well, New York State is one of the few states that got half of the -- gets half of the settlement money. In most of the other state, the counties don't get direct settlement money. So I think most of the programs come directly down from the state. I think Suffolk is very unique in terms of their commitment of settlement money for tobacco control in New York State and throughout the country. So I think we're leaders in this area. And I don't think there are many, if any, that are doing what we are doing. They may be doing it on a very limited basis.

LEG. FOLEY:

If not today -- I'll just finish with this -- if not today, if at the next meeting, if you give us to what the Agency for Healthcare Policy research considers to be a comprehensive smoking cessation guideline so that we can discuss that, see how the department measures up to it in a helpful -- this is not to be in a critical way, in a helpful way -- so then we can see whether or not 20% -- in the future years, whether 20% of the settlement monies is enough to be used by the department or whether it should be 30% or 40%. But we're not -- this

committee's not going to be able to determine that unless we get some of the information as to what are the guidelines that you're following, whether or not the guidelines that you are following is of a comprehensive enough nature to really make a dent in both teenage as well as in adult smoking. Thank you.

CHAIRPERSON FIELDS:

Have you gone on to surveillance and evaluation yet?

MS. BENINCASA:

I can. Okay. I already talked to you about the adult survey and a little bit about the youth survey. The youth survey was implemented -- CDC helped us design a sample that they said would give us of a representative sample of Suffolk County students. And they picked 50 middle schools and 50 high schools that we should survey. We were successful in getting into 94 of them. So we did get a representative sample. We exceeded the guidelines that we would have needed to get. And as Dr. Bradley said, we will be giving you that information shortly, the results of that survey.

CHAIRPERSON FIELDS:

Okay. Do you want to finish with the administration?

MS. BENINCASA:

The administration is another one of the components that have -- of course, you need administration for the program to work to work. And it's just the staff, myself, my secretary and a health program analyst that are really just considered administration. And, of course, we work in over other component of the program.

CHAIRPERSON FIELDS:

Okay. Now, I'm going to go back to the kids thing again because it's -- it impacts me very much and it has for many, many years. I'm a young teenager, and my friends smokes, and I know want to smoke. What is Suffolk County doing to get to me, to reach me, and try to educate me that or convince me -- maybe not even education. Maybe that's not a word a kid wants to hear, but how are they trying to convince me to neither -- to either never begin or to not continue?

MS. BENINCASA:

That's why the school-based program is so critical and why we're starting in kindergarten, to teach children the importance of respecting their bodies, having healthy bodies, not only just for, but also to get them to exercise, to feel good about themselves, to have proper nutrition. We're going to be teaching -- included in that is refusal skills, how children can refuse products that they don't want or refuse to participate in activities that they don't want to participate in.

CHAIRPERSON FIELDS:

Isn't that similar to the DARE Program?

MS. BENINCASA:

I've never seen the DARE curriculum.

CHAIRPERSON FIELDS:

I think it is. It's -- probably might be helpful for you to see that program too, but --

MS. BENINCASA:

Well, I think -- the thing about this is that we do want to start in kindergarten. That is what is recommended, to get the kids as early as possible. You really can't start early enough.

CHAIRPERSON FIELDS:

I agree to some degree, but I don't really think that that's effective. I think that when my best friend is smoking, no matter what I learned, I'm going to look at my best friend and want to be cool because that looks cool to me, and I'm going to want to start smoking. So again, past the kindergarten and the fifth grader and the sixth grader, let's say I'm now in the seventh grade, and I've had all the education about my body and exercise and all the reasons why you shouldn't smoke, and I've also had it at home, my parents have told me the same thing, or I've even perhaps witnessed someone die from a

smoking-related disease, but my friend is smoking, now, how are you impacting me? And how are you getting to me?

MS. BENINCASA:

Well, a number of different things. Number one, CDC recommends even though you have -- you should have a K-12 program that it should be stepped-up during the middle school years because that's when kids are under the most impression. But one of the things that you said about learning it at home an everything, kids that -- parents that smoke, their children are 50% more likely to smoke. So that's why this whole program is tied together; the counter marketing, getting parents into cessation to be role models for their children. Every part of this program has to tie into the other piece, they can't just be separate programs.

CHAIRPERSON FIELDS:

Okay. But again, I'm still that young person, and first -- I guess, the first question is how many schools are you in the County?

MS. BENINCASA:

The program isn't developed yet. We haven't offered it to the schools yet. The RFP has just been awarded.

CHAIRPERSON FIELDS:

When -- and when will that be? When will it start?

COMMISSIONER BRADLEY:

It's my understanding it's going to be laid on the table on Tuesday. Now, I sent -- I don't know if you guys got it -- I'm sorry. I sent you a copy of the RFP and their response. My understanding -- I'd have to verify with the County Exec's Office -- is it should be laid on the table on Tuesday to award the contract to Eastern Suffolk BOCES because there was only one respondent.

MR. SABATINO:

I saw the bill, it was filled. You're absolutely correct, it will be on -- well, it's going to be laid on, it will be actually eligible on December 18th to be precise.

LEG. POSTAL:

I have been sitting here really quietly listening to what you're saying, and I think what Legislator Fields is saying is what we're all feeling. I mean she's not a smoker, I am. But I just think that what we're saying is that we're not confident that the traditional approaches work. And we're look at -- I mean, I remember when my own

kids were little, there were TV ads back in those days, and my son's 33 now, so this was a while back that we were trying to deliver that message to young children about how awful it was to smoke and how bad for you and, you know, all of that. And, you know, everyone one of us can name young people who now smoke who grew up watching those ads. And, you know, for me as a smoking parent, you would get lectured by your children on a regular basis, and you would feel kind of good about that because you would say, oh, good, he'll never smoke. I mean, the Presiding Officer, I think he is the -- that's the greatest example. I can't think of an individual, a parent, who is more strongly opposed to smoking and children smoking, and as far as I know, never in his life smoked, his wife doesn't smoke.

And he was horrified when his oldest son went away to college and became a smoker. So I think what we're saying is that there's got to be a different approach. And Legislator Fields spoke about the water thermoses saying "dog breath" or something. I really think that's the message we've got to convey. We've got to convince those young people who are at that fifth, sixth grade age when they're going to start smoking because their friends are doing, it's the cool thing to do, it makes you look sophisticated or whatever it is, that it's going to destroy what you're trying to achieve, what that young person is trying to achieve, which is generally to be attractive, appealing, athletic, depending on whether it's a male or a female. That seems to me to be message that we need. You know, in kindergarten, we can be telling these kids that it's bad for you, but when they get to 5th grade or so, that's not going to work. I mean, we've seen it unfortunately with a great many things. It's far more important to be cool, be like your friends, be popular, all of good things that seem like the most vital things in the world at that age. So, you know, I really think that that's what we need to be looking at.

MS. BENINCASA:

I think very little in here is based on the traditional -- it really is based on living healthy lifestyles and showing the positives. I don't know if you've been to the mall, if you've seen any of the mall scapes that are there. The ones, especially that are directed towards the children are very positive. There is a girl playing soccer. There are kids standing together very defiant saying that cool doesn't come from a pack, it comes from within. And I think those kinds of messages serve to empower the youth. A lot of the program is youth empowerment, activities that we want the kids to get involved in to advocate for smoke-free areas, to advocate for programs for themselves and their peers, to make them an active voice in any of the counter marketing campaigns that we do. They've all been tested on children to make sure -- you know, we know what like, but that isn't necessarily what works with the kids.

LEG. POSTAL:

I just want to follow up. Coming back to the dog breath because I think that does it. You know, I think seeing a young woman playing soccer in a diorama at the mall or, you know, whatever it is, is not going to cut it. I really think that what you need is maybe some of the actors, the performers who are idols to adolescents doing ads and making statements like, I would never go out with a women who smokes, you know, her breath smells awful, her teeth are yellow. And, you know, vice versa for young men, some very appealing female superstar Brittany Spears or somebody saying, you know, I would never go out with a guy who smokes. I think that kind of thing seems to me to have more of a chance of succeeding, you know, rather than the girl playing

soccer. You know, I think, yeah, the girl playing soccer, she may not start to smoke anyway because she recognizes that athletics is an important part of her life, and she's not going to jeopardize that. It's the other young woman, the other young woman who, you know, athletics isn't the prime thing in her life, but maybe appealing to young men is the prime thing.

CHAIRPERSON FIELDS:

Can I ask in our Northport High School audience a non smoker and a smoker to just come up and let us ask you a couple of questions.

MS. BENINCASA:

You know, unfortunately, Hollywood is not a good friend to us. You see more and more smoking on the big screen than ever before, and especially the young, attractive, the Julia Roberts, the Brad Pitts, they're smoking on the screen.

LEG. HALEY:

Madam Chair.

CHAIRPERSON FIELDS:

I have a six o'clock appointment, I just thought I'd tell you. While we're waiting for them to come up, one thing -- one component that I see missing through all of this presentation, I see it missing in many arenas, not just in smoking cessation. I see it missing with youth programs that we -- we all advocate for whether it's at our community level, town level, County level is that we keep leaving parents out of the mix. At what point are we going to simply say to parents, gees, you know what, you probably have more of an impact on whether your children smoke than anyone else.

MS. BENINCASA:

Can I say --

LEG. HALEY:

Excuse me. No, wait a minute. I've been sitting here for an hour and a half, and I haven't said anything. So I just want to get this out. I'm proud to say as a parent I've succeeded two out of three times, but I think it's very important to get -- two out of three times meaning only one of my children smoke, and she decided as an adult to smoke. I think she started around 24. So I think it's my responsibility to do the best I can to educate my children not to smoke. And I find that one of things that we've done in our community is we've tried to find methods by which we can help parents do the job that they feel they need help doing. And I would like to see somewhere along the line that we get back to doing stuff that relates to the family unit, relates to the respect that's necessary in the family units so that kids can get help from their parents if their parents, obviously, so choose. And I think we've displaced parents a lot of times. We have an expectation that school's going to do it all the time. Now we have an expectation that the County is going to do it all the time, and you're going to have a tough time. You're going to have a tough time if the parents aren't involved. Thank you.

CHAIRPERSON FIELDS:

I disagree very very much with you because I think that in my situation, my father died when I was 16 of emphysema, and I have been parent of a two-parent family who has done nothing but educate my children about the horrors of tobacco and smoking. And I have a 50 % ratio. I have one child who won't tough it, and one child who does

smoke, and there is nothing I can do. He has never smoked in front of me because I probably would take his fingers off.

LEG. HALEY:

I feel your guilt, but I would imagine that if I'm unable to influence to my children, I can't imagine some -- some fancy Hollywood person or someone else influencing my children.

CHAIRPERSON FIELDS:

Well, if you're a child, I think your friends influence you. So now we're going to our smoker and our non smoker and ask you why you smoke or why or you don't smoke.

MS. McGUIRE:

Hi. I'm Samantha McGuire, and I don't smoke. I just -- I, like, don't go by what my friends do. I think it's really unattractive. Like, my little brother smokes. He, I guess, he just started smoking. And I tell him all the time that he shouldn't be smoking. It's unhealthy for you.

CHAIRPERSON FIELDS:

How old is your brother?

MS. McGUIRE:

He's 14. My dad use to --

CHAIRPERSON FIELDS:

Do your parents smoke?

MS. McGUIRE:

My dad use to smoke, but they both -- he stopped.

CHAIRPERSON FIELDS:

And have your parents both told you and your brother not to smoke?

MS. McGUIRE:

Not really. Like, they didn't real make it a point to talk to us about it a lot. But I don't know, I just never really liked it. Like, I don't even like the second-hand smoke. I don't like it around, you know.

CHAIRPERSON FIELDS:

Why do you think you don't smoke?

MS. McGUIRE:

I think it's --

LEG. HALEY:

She's a smart girl.

MS. McGUIRE:

I don't like the smell of smoke, and I think it's unattractive.

MR. GILMARTIN:

My name is Michael Gilmartin, and I smoke.

LEG. FIELDS:

Can you just bring that microphone a little closer/

MR. GILMARTIN:

My name is Michael Gilmartin, and I smoke. I don't know why I do, but it's something --

CHAIRPERSON FIELDS:
When did you start?

MR. GILMARTIN:
Ninth grade.

CHAIRPERSON FIELDS:
How old are you now?

MR. GILMARTIN:
17.

CHAIRPERSON FIELDS:
And you started when you were?

MR. GILMARTIN:
13, 14.

CHAIRPERSON FIELDS:
Did your friends smoke? Do your parents smoke?

MR. GILMARTIN:
Most of my friends smoke. Like, that's why I, like, started doing it.

CHAIRPERSON FIELDS:
Do your parents smoke?

MR. GILMARTIN:
They used to.

CHAIRPERSON FIELDS:
Did they tell you not to smoke?

MR. GILMARTIN:
They've told me not to do it, but then they say they can't do anything about it, it's not under their control as much because I'm out more.

CHAIRPERSON FIELDS:
Right. So you smoke when you're not around your parents.

MR. GILMARTIN:
Yes. I don't smoke in front of them.

CHAIRPERSON FIELDS:
Do they know you smoke?

MR. GILMARTIN:
Uh-huh.

CHAIRPERSON FIELDS:
So we have an example of a child whose parents tell him not to smoke, but when he's not around his parents, he's smoking. And that's what I think the rule is for anybody who is not around their parents. They smoke when they're not around their parents. And you can't have that 24 hour a day supervision over your children. And in addition -- where do you get your cigarettes when you're under 18 years old?

MR. GILMARTIN:

Usually a friends buys them for me.

CHAIRPERSON FIELDS:

Do you ever buy them in a place that doesn't ask you for proof?

MR. GILMARTIN:

Sometimes, but not, like, all the time. Usually -- most of my friends are older than me, so they can buy them too.

MS. McGUIRE:

Some places don't ask ID.

CHAIRPERSON FIELDS:

What would persuade -- I'm sorry.

MS. McGUIRE:

Some places, like, don't ask ID. They don't bother IDing kids.

CHAIRPERSON FIELDS:

What would persuade you not to smoke?

MR. GILMARTIN:

Well, I don't know. They don't stress, like, the fact of, like, how bad it is for you. Like -- like, I know it's bad, but, like, I don't know much about why people don't do it. Like, what their opinions are, but --

MS. McGUIRE:

They need to make better commercial and better ads, I think.

MR. GILMARTIN:

Yeah. Most of the ads like the girl playing soccer and all that, that's great, she plays soccer, it doesn't, like, well, I'm going to go out and play soccer because she is and she's not smoking.

LEG. FIELDS:

Would dog breath affect you? If I walked up to you and said or this young lady walked up to you and said, oh, dog breath. Would that affect you?

MR. GILMARTIN:

I think it would because that's, like, I don't know, like, insulting. It's disgusting but --

LEG. HALEY:

Madam Chair, please. I don't want this poor gentleman to wind up with a nickname or anything.

CHAIRPERSON FIELDS:

He probably already has a nick name

CHAIRPERSON FIELDS:

He probably already has a nickname.

MR. GILMARTIN:

No, I don't.

CHAIRPERSON FIELDS:

Not that nickname, but another.

LEG. FOLEY:

You mentioned earlier that -- just a moment ago -- that there could be better commercials, how would you --

MS. McGUIRE:

Like those anti -- my anti drug commercials and stuff like that. I think those are pretty good ideas. But, like, as for, like, ads and how they go, and, like, where they're placed, like, I think they can do a better job than that.

LEG. FOLEY:

If and when you do watch TV, are you more apt to watch the cable stations, regular TV? In the cable stations, what channels are you most apt to --

MS. McGUIRE:

Usually, like, the music channels.

LEG. FOLEY:

MTV, the music channels.

MS. McGUIRE:

Some news.

LEG. FOLEY:

And the news.

CHAIRPERSON FIELDS:

Are you affected by a water bottle that says, "learn to be tobacco free?"

MR. GILMARTIN:

Not really.

MS. McGUIRE:

Not at all.

CHAIRPERSON FIELDS:

Lori, what other incentives or pieces of equipment do we use that say learn -- what other things are we offering?

MS. BENINCASA:

Well, I don't know that we'll be purchasing any more, but for the conference, we had dog tags that said, "learn to be tobacco free" -- dog breath -- that said "dog breath." We had these hooks that the kids all -- do you know what these hooks are?

CHAIRPERSON FIELDS:

Do you have an examples of the supplies that you --

MS. BENINCASA:

With me? No.

LEG. FOLEY:

Those are the promotional incentives, right? Those aren't instructional supplies. Those are promotional incentives.

MS. BENINCASA:

Instructional supplies included all of those as well as the curricular for the education and the cessation programs.

LEG. FOLEY:

I'm just looking back for a second on your -- on your outline of monies utilized. You had a separate line for curricular for school cessation programs, which is like \$8500.

MS. BENINCASA:

In the document that I gave you today, yes, that's how much we spent.

LEG. FOLEY:

You mentioned earlier that the instructional supplies was eliminated, but it's my understanding that now there maybe a different term of art or definition of what is an instructional supply, but if one considers either tags or key chains as instructional supplies, others of us would call those more like promotional items as opposed to a classic definition of instructional supplies, which is really something more -- well, different than that but.

MS. BENINCASA:

What was included in that was the curricular for the school-based program, the curricular for the adolescent cessation programs had any promotional materials materials. That's what was in there.

CHAIRPERSON FIELDS:

Samantha, do any of your friends smoke?

MS. McGUIRE:

Yeah, the majority of my friends smoke, probably, like, one or two of my friends don't smoke.

CHAIRPERSON FIELDS:

Do you try to convince the ones who smoke not to smoke?

MS. McGUIRE:

All the time I tell them that that's gross, and, like, tell my boyfriend that he shouldn't -- that he's not allowed to smoke around me because I don't like it, your hands smell, your breath smells, like.

LEG. FOLEY:

Are they -- are they aware since its -- in a relationship with someone, are they aware of the dangers of second-hand smoke that it can cause to their friends and those close by?

MS. McGUIRE:

I usually, like, mention little things about the smoking when I'm, like, around them.

CHAIRPERSON FIELDS:

So what do you think it's going to take to convince your friends not to smoke?

MS. McGUIRE:

I don't know. I mean, they all, like, everybody always says that they're going to quit, you know, like, oh, I'm trying to cut down, I'm trying to quit. But it's, like -- I understand it's. Like, really hard, you know, just to stop because it's so addictive, but --

CHAIRPERSON FIELDS:

Do you think that a tobacco cessation program in high school would help if it's part of a course that you could take or an after school

course?

MS. McGUIRE:

I could see it being, like, a more recognized problem to, like, high school kids, because, like, a lot of high school kids smoke. You know, it starts becoming more and more, like, the problem with high school kids, you know, like, start smoking in high school and college and.

CHAIRPERSON FIELDS:

What would make you stop smoking? If -- if it were offered in your school -- do you want to stop or do you have no -- you have ne desire?

MR. GILMARTIN:

I want to stop, but, like -- I don't know. It depends on, like, I have to do it myself, nobody else can do it for me by not smoking. But, like, I think, if there was a thing after school, I don't think many kids would take that, because they don't want to, like, spend their time to, like --

CHAIRPERSON FIELDS:

So the when -- when do you think it would be good?

MR. GILMARTIN:

Sometime, like, if it was offered during school time.

CHAIRPERSON FIELDS:

During school time.

MR. GILMARTIN:

More kids would take it because it's not going to interrupt, like, their activities after school, whereas after school, it's, like, oh, I have to do this, but I also want to go do that.

CHAIRPERSON FIELDS:

Let me just ask you another couple of questions like why do you smoke? I mean, do you think it looks cool? And do you think it makes you more appealing to your male friends or to your female friends? Or do you know why it is that you?

MR. GILMARTIN:

I just started -- well, in, like, ninth grade, like -- I was around, like, a lot of people where I used to work, the lady used to smoke all the time, I'm just around it, like, constantly. And then evaluation I just tried it.

CHAIRPERSON FIELDS:

Did a friend give it to you to try or you just did it on your own?

MR. GILMARTIN:

One of my friends gave it to me, and then it just, like, progressed from there.

CHAIRPERSON FIELDS:

How much do you smoke?

MR. GILMARTIN:

A little less than half a pack.

CHAIRPERSON FIELDS:

Okay. Does anybody have any other questions? Maxine.

LEG. POSTAL:

First of all, for the two of you who are up there, I just want to congratulate you. There are so many -- there are adults who are terrified of coming and speaking to members of the Legislature. So thank you. We really are grateful to you, and I just want to say you really have a lot of courage. So that's number one. You know, probably what you said about wanting to stop, from everything I've read and from what Dr. Bradley said a tremendous number of people want to stop who do smoke. When you started smoking, did you think you weren't going to be able to stop?

MR. GILMARTIN:

I thought I was going to be able to, but, like, oh, it's just going to be, like, something small or whatever, I'll be able to stop. But then eventually, it progresses, and it's, like, when you're bored or you -- there's nothing do, it's always there. It's something to do.

LEG. POSTAL:

When you see --

MS. McGUIRE:

It's like recreational smokers or social smokers --

MR. GILMARTIN:

Like, most people start off as, like, around your friends you do it. But then, like, eventually it's just one of those things when your by yourself or whenever you, like -- whenever.

LEG. POSTAL:

When you see a picture -- I've seen ads with pictures of old people all who are all wrinkled and their teeth are decayed, and, you know, they look really disgusting and the ad tells you that that's what you're going to look like if you smoke or you see an ad that tells you that smoking causes lung cancer and heart disease and all those

things, do you feel that that's something that you should worry about right now?

MR. GILMARTIN:

It is, but, like, there's also, like, a lot of other things that I deal with like college and all that stuff now. Like, I don't think about it, it, like calms out down -- like, when you have a cigarette, it just kind of calms you down, like, you relax. You don't have to, like -- you don't think about, like, oh, you know, having cancer now. It doesn't --

LEG. POSTAL:

Right. If it happens, it's going do happen in another 40 years, right?

MR. GILMARTIN:

Right. Like, I don't plan on smoking that long. Like, I'm young now so I'm not going to keep going.

LEG. POSTAL:

Right. So -- so probably if any of us could come to you and convince you that something terrible is going to happen to you, like, within the next year, would it have greater effect on you?

MR. GILMARTIN:

Yeah, it would because then I realize -- I would know what was going to happen, within, the year. But, like, long-term effects, I was just -- I don't bother thinking about it. Like, I know there's, like, I know it causes cancer and all that, but I don't think.

LEG. POSTAL:

It's not going to happen to you for a long time, right? And you're going to stop before it gets to that point.

MR. GILMARTIN:

Yeah, because I don't plan on doing that, like smoking.

LEG. POSTAL:

I would -- I would wonder -- and thank -- thank you both -- I would wonder whether if any of the studies which have been done to develop curricular have gone to young people and asked them what's effective. Because, I mean, you know, we seem to be making decisions -- with the focus groups of young -- of young people -- we seem to be making decisions about what we think it going to be effective, but we're not really consulting our target. So it seems to me that it might be really interesting -- like we just talked about -- the students said to us that if it was an after school program, it wouldn't be as effective as if it was during school, because you wouldn't have to make a choice about whether you have to give up something else to participate. I mean, there could be so many other things that they might recognize are meaningful to them that we don't have a clue. That might be something very interesting to do, to survey students about what kind of messages would make them think twice about smoking or would make them make the decision that, I'm going to quit today, not next year or, you know, in ten years.

CHAIRPERSON FIELDS:

I think a teenage work group would be wonderful for the Health Department to work with, I've just been told that your way over your time, and you have to leave. But I wish you had come earlier, and that we could have asked you to come up earlier. And I really, really appreciate your honesty and your ability to get up and speak to us, very, very much appreciated. So thank you very, very much.

MS. McGUIRE:

Thank you.

APPLAUSE

(SUBSTITUTION OF STENOGRAPHER - LUCIA BRAATEN)

LEG. POSTAL:

Thank you. I just got some information. I wish -- I'm going to, you know, I can take credit for having done this research, Jim just told me that in Florida they have students who write some of the ads themselves, and that's kind of the thing that I was getting at and something that might be more successful.

MS. BENINCASA:

One of the activities that we hoped to be able to do next year was in the budget for a youth empowerment coordinator, and that's what that person's job would be, to work with youth and youth groups to get their feedback on any of the programs that we develop. But also, I just wanted to say that the curriculum that we would be using are evaluated -- we would only accept evaluated curriculum that have been

shown to be effective with children.

COMMISSIONER BRADLEY:

And we started -- in terms of the media, we started with the adults with smoke-free moments and part of that we wanted to put our kids on hold until we got the survey and until we were ready to go with the educational campaign. After smoke-free moments, the media campaign with the dog breath was going to kick off. So we have a bunch of CDC produced commercials, and we looked at them in the Health Department, and we had our advertizing agency look at them. But at today's Youth Empowerment Conference we are giving them the ads and saying, okay, which one of these do you think we should pick to put on there? And actually one of them has -- it's funny, it has to do with a dog who knows that when you smoke you have smelly teeth, smelly hair, it's a dirty habit, why are you doing it. So we think that kind of would go along with it. So we are doing that today.

LEG. FOLEY:

Just as a follow up -- follow up to that, you're that today, but will this marketing firm that we've hired, outside today, what other interaction will they have with what we would call a focus group of teenagers, outside of today's event? How -- since they're going to help put together your marketing firm -- marketing approach, this one day event today to my way of thinking wouldn't be enough for this firm to put together a plan that fully takes into consideration the thoughts and ideas of children who are teenagers. So could you explain to us how this marketing firm intends to reach this focus group outside of this activity of yesterday and today?

MS. BENINCASA:

Well, they do have a plan to run actual community focus groups. And they've trained our staff also to run focus groups in schools so we could get as much coverage as possible.

LEG. FOLEY:

Focus groups for?

MS. BENINCASA:

For the kids, for middle and high school kids.

LEG. FOLEY:

In developing the marketing plan or focus groups for what purpose?

MS. BENINCASA:

To look at difficult ideas, to look at commercials that already exist that we could purchase from CDC -- we could purchase to use and also to look at story boards that they've developed for production to see if they have an effect on kids.

LEG. FOLEY:

They meaning what the students have developed?

MS. BENINCASA:

No. No. That the advertizing agency has developed.

LEG. FOLEY:

Right. Well, that's my point, to have the marketing firm take the ideas from the kids and incorporate them to their story boards.

MS. BENINCASA:

That's what they plan to do with the focus groups.

LEG. FOLEY:

Very good. Okay. Thank you.

CHAIRPERSON FIELDS:

Okay. I think we'll move on. I would next month or whenever -- when is our next Health Committee meeting.

MR. SABATINO:

December 6th.

CHAIRPERSON FIELDS:

December 6th, if you could show us the advertisements, commercials. And also let me ask you this, when do your kids smoke, every time you do. Who --

COMMISSIONER BRADLEY:

That's the Tobacco Action Coalition.

CHAIRPERSON FIELDS:

Oh, this is not us. Okay.

COMMISSIONER BRADLEY:

They have a Take It Outside Campaign for environmental tobacco smoke exposure around kids, and that's one of their ads.

CHAIRPERSON FIELDS:

And where do these go, do you know.

COMMISSIONER BRADLEY:

They are available to schools. They also have them in the malls and in cinemas.

MS. BENINCASA:

And Penny Savers, they've bought space for those also.

COMMISSIONER BRADLEY:

Now our immediate campaign is going to not be what we had planned because of Omnibus reductions. So it's not going to be the same scale that we would have liked, but we're still moving forward. The next campaign will be the kids campaign. It went from about 900 to 500 for next year.

CHAIRPERSON FIELDS:

Okay. Thank you. So you'll be back.

COMMISSIONER BRADLEY:

Yes.

CHAIRPERSON FIELDS:

Thanks very much for supplying us with all the information and answering all these questions.

TABLED RESOLUTIONS

CHAIRPERSON FIELDS:

Okay. We're going to just go quickly to the agenda, and then we're going to ask for Terry Allar, if she's still around, to give us an update on Bay Shore Health Center and Coram Health Center. We're just going to quickly go through the agenda, and then we'll ask for you to

come up. Dr. Bradley, if you could -- where are you? There you are. Could you come book up just in case we need you.

IR 1490 Adopting Local Law no. -2001, a Local Law to establish healthy bottled water labeling law. (ALDEN)

LEG. POSTAL:
Where is this?

MR. SABATINO:
It was discharged in committee with a final corrected copy on Tuesday. The final version now has converted it to -- from a labeling to a --

LEG. POSTAL:
It's a notification -- a little number that you can call.

MR. SABATINO:
An 800 number where you can contact notification.

LEG. POSTAL:
I would make a motion to approve.

CHAIRPERSON FIELDS:
I'll second it. All in favor? Opposed? APPROVED. (VOTE: 4-0-0-0)

1655. Requesting legislative approval of a contract award for dental laboratory services to be provided to the Suffolk County Department of Health Services. (COUNTY EXEC)

CHAIRPERSON FIELDS:
Why did this not go through? I thought it did go through.

COMMISSIONER BRADLEY:
I don't know.

CHAIRPERSON FIELDS:
I thought it did go through.

MR. SABATINO:
It did. It was referred back from the floor, it got to the floor of the Legislature, I guess, two meetings ago and then Legislators just wanted -- well, several Legislators just asked for more detail about who this Acudent Laboratory was. They didn't seem to be satisfied with the answers that we gave them on the floor. But I've heard no follow-up question since then. I mean the questions they asked really -- there was no more answers to give than the ones we gave on the floor of the Legislature.

LEG. POSTAL:
I just have a question because I don't have the resolution in front of me. Is this -- when we're awarding contracts -- the terminology, Dental Laboratory Services, are we talking about dentistry or are we talking about laboratory services like -- I don't know -- making dentures or we're -- we're talking about not the actual direct patient service from a dentist.

COMMISSIONER BRADLEY:
Correct.

LEG. POSTAL:
Okay.

COMMISSIONER BRADLEY:
Prosthesis, bridges, those types of things.

LEG. POSTAL:
Okay. No problem.

CHAIRPERSON FIELDS:
Motion to approve.

LEG. POSTAL:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? APPROVED. (VOTE: 4-0-0-0)

1665. Directing the County Department of Public Works to implement enhanced pesticide spraying notification via reverse E-911 Program. (BINDER)

LEG. POSTAL:
Can we table that subject to call?

MR. SABATINO:
That's been tabled because the outstanding question is whether or not -- and there's been no answer -- whether or not the physical capacity at FRES, the technical capacity is in place, and we don't have an answer to that question yet.

CHAIRPERSON FIELDS:
I'm going to make a motion to table subject to call.

LEG. POSTAL:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? TABLED SUBJECT TO CALL (VOTE: 4-0-0-0)

1937. Adopting Local Law No. -2001, a Local Law in relation to the sale by Suffolk County of its rights to receive payments expected to become due under the master settlement agreement and the related consent decree and final judgement with various tobacco companies. (COUNTY EXEC)

LEG. POSTAL:
I would make the same motion. I believe this was tabled subject to call in Finance, so I would make a motion to table it subject to call in.

LEG. FOLEY:
Second the motion.

CHAIRPERSON FIELDS:
I'll second -- okay. Legislator Foley seconds. All in favor? Opposed? And it's TABLED SUBJECT TO CALL (VOTE: 4-0-0-0)

INTRODUCTORY RESOLUTIONS

IR 2016. Accepting and appropriating 100% grant funds from the New York State Office of Mental Health to the Department of Health,

Division of Community Mental Hygiene Services for the cost of living increases for contract agencies; to expand family support programs and to implement new programs through New Initiative and Reinvestment VII Funding. (COUNTY EXEC)

CHAIRPERSON FIELDS:

Motion to approve by Legislator Foley. Seconded --

LEG. POSTAL:

Madam Chair, may I ask Legislator Foley if he would amend his motion to approve and place it on the consent calender.

LEG. FOLEY:

So moved.

LEG. POSTAL:

I'll second that.

CHAIRPERSON FIELDS:

All in favor? Opposed? APPROVED. (VOTE: 4-0-0-0)

IR 2018. Accepting and appropriating 10.7% federal grant funds from the Health Care Reform Act to the Department of Health Services, Division of Patient Care Services for the School-Based Health Program. (COUNTY EXEC)

CHAIRPERSON FIELDS:

Why is this -- why is this 10.7?

LEG. FOLEY:

I thought it would be 10.8. what happened to that 10.8?

COMMISSIONER BRADLEY:

We get money in different installments, and the State calender year is not the County calender year. So that's why sometimes funding comes in piece meal.

CHAIRPERSON FIELDS:

Okay. I will make a motion to approve.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Second. All in favor? Opposed? APPROVED. (VOTE: 4-0-0-0)

IR 2037. Approving Vector Control Plan of the Public Works Division of Vector Control pursuant to Section C8-4(B)(2) of the Suffolk County Charter. (COUNTY EXEC)

LEG. FOLEY:

Motion to table.

LEG. POSTAL:

Second.

CHAIRPERSON FIELDS:

I'll second the motion, or Legislator --

LEG. POSTAL:

That's all right. You can second.

CHAIRPERSON FIELDS:

All right. All in favor? Opposed? Seconded. Now, what I would like to ask Dr. Bradley is if we can maybe think about that little sentence. That's one of my things on it. I don't know about anybody else. All in favor? Opposed? Tabled.

LEG. HALEY:

I am opposed to tabling 2037.

CHAIRPERSON FIELDS:

Okay. TABLED (VOTE: 3-1-0-0) (LEG. HALEY; OPPOSED)

IR 2042. Accepting and appropriating 100% State funds from the New York State Department of Health to the Department of Health Services, Division of Patient Care Services for a diabetes education program. (COUNTY EXEC)

LEG. POSTAL:

I would make a motion to approve and place on the consent calender.

LEG. HALEY:

Second.

CHAIRPERSON FIELDS:

All in favor? Opposed? APPROVED (VOTE: 4-0-0-0)

IR 2047. Appointing member to the Suffolk County Board of Health; Daniel McGowan. (TONNA)

CHAIRPERSON FIELDS:

This gentleman could not make it to the meeting today, so I am going --

LEG. FOLEY:

Motion to table.

LEG. HALEY:

Second.

CHAIRPERSON FIELDS:

We're going to have to come back next time. Motion to table. Seconded buy who?

LEG. POSTAL:

I'll second it.

CHAIRPERSON FIELDS:

Okay. All in favor? Opposed? TABLED (VOTE: 4-0-0-0)

IR 2048 Authorizing, empowering and directing the Commissioner of Health to undertake a Public Information Program in connection with chemical biological terrorist diseases. (POSTAL)

LEG. POSTAL:

I would -- I would make a motion to approve this. I think --

MR. SABATINO:

I apologize, but it has to be tabled only because -- oh, no, wrong one. I apologize, wrong one.

LEG. POSTAL:

Wrong one. I think we're probably doing a lot of these things, but this was sort of prepared at the same time you were probably preparing your procedures and protocol.

CHAIRPERSON FIELDS:

So we have a motion to approve. Seconded. All in favor? Opposed?

APPROVED. (VOTE: 4-0-0-0)

(RETURN OF STENOGRAPHER - DONNA BARRETT)

IR 2056. Creating committee for securing HVAC systems in County buildings and facilities against chemical biological terrorist diseases.

CHAIRPERSON FIELDS:

The author of this has asked the committee to table it, and I will make the motion to table. Seconded. All in favor? Opposed?

TABLED (VOTE: 4-0-0-0)

LEG. HALEY:

Madam Chair.

CHAIRPERSON FIELDS:

Now, we have Terry Allar to talk about Coram Health Center and Bay Shore Health Center.

LEG. HALEY:

I just want my votes reflected on the first couple, please, with the majority.

CHAIRPERSON FIELDS:

Terry, we're just going to start with the Bay Shore Health Center. And just, where are we -- the last time we spoke was that we were trying to look for a place as soon as we could and just wondered where we are on that.

MS. ALLAR:

Good afternoon. We have sent to the Department of Health 11 different sites for their inspection and to determine whether or not it would be suitable for their needs, and they're currently in the process. And also, I sent out to about nine different brokers what we wanted for the Health Department, and I'm constantly getting new information and new sites that are available. So basically, what we're doing is just waiting to see how these sites pan out. Some the Health Department already saw, and Ann Marie can address that, and some are suitable to their needs, and some are not. This -- I believe we should be making a presentation to the Space Steering Committee, if not the next meeting, the one after that.

CHAIRPERSON FIELDS:

Are they all in Bay Shore?

MS. ALLAR:

No, there were a few Islip and Central Islip, the majority are in Bay Shore and we are concentrating on the Bay Shore area; Montauk Highway, Union Boulevard, Fifth Avenue, so we're staying within Bay Shore.

CHAIRPERSON FIELDS:

Okay. Thank you. Ann Marie, do you want to say anything or?

MS. CARBONETTO:

The three of the 11 sites -- we've narrowed it down to three. Terry just gave me two additional, so I'd like to look at those two site, and I'll be ready for the next meeting. Although, we are -- we did ask at the last Space Committee Meeting to defer any decision since we had a cost needs analyst study that hadn't been done yet, and we wanted to see the results of that before we made a decision.

CHAIRPERSON FIELDS:

So by next month you'll have more definitive --

MS. CARBONETTO:

Yes.

CHAIRPERSON FIELDS:

Great. The tokens -- the bus tokens, have we pushed that into Shore Lane or -- no, Saint Patrick's?

COMMISSIONER BRADLEY:

Yes

CHAIRPERSON FIELDS:

And that's started?

COMMISSIONER BRADLEY:

Yes.

CHAIRPERSON FIELDS:

How are we doing with seeing patients and compliance with getting them over to Brentwood?

COMMISSIONER BRADLEY:

I don't know numbers. I think it's moving smoothly. I'll double check for the next meeting. I don't have specifics on that.

CHAIRPERSON FIELDS:

Okay. Thank you. Coram Health Center.

MS. ALLAR:

The Coram Health Center. We met at the beginning of the month with the different departments and internal staff to discuss what their needs are and any concerns that they had with respect to Coram Health Center and the DSS Center. Subsequent to that meeting a week ago today, three of us met with the developer that was Jeff Martell of the Suffolk County Architect's Office, Basia Braddish of the Department of Law and myself, and we were basically ironing out concerns and any issues that were addressed by the different departments; specifically the County Architect's Office is still negotiating with the developer with respect to any tenant improvements and the build-out. So we don't have any final numbers on that, although there is that prototype design that the County Architect's Office did submit to the developer. So they're constantly in communication with that, and that's ongoing right now. And Basia is presently working on the lease and adding anything that were -- about any concern that we had at that meeting last week.

CHAIRPERSON FIELDS:

How long is this going to take?

LEG. HALEY:

Are you talking about the meeting?

CHAIRPERSON FIELDS:

No. I'm not happy with the lack, I think, of progress in getting us to begin to move into another health center. Are you?

LEG. HALEY:

I'll agree with that, but again, you know, we -- Jeff Martell has got some level of responsibility, and I don't think I've ever seen him here.

CHAIRPERSON FIELDS:

He was here, twice I think.

LEG. HALEY:

Was he here last meeting?

CHAIRPERSON FIELDS:

Either last or the meeting before that.

LEG. HALEY:

Doesn't matter.

MS. ALLAR:

Legislator Fields, we are moving forward, and we have made, I think, excellent progress with respect to the finalization of the lease, the terms of the lease. And we are putting together -- or Jeff is rather putting together the build-out with the landlord, and we're working hand in hand. Nobody's dropping this and we are not ignoring it. And we certainly are moving forward. And yes, unfortunately, it does take time.

CHAIRPERSON FIELDS:

Do you have any estimate of when we can put the shovel in the ground?

LEG. FOLEY:

At least when we vote on -- when would we vote on it or see a resolution for an executed contract? Is December too soon?

MS. ALLAR:

I don't know if December is feasible to be quite honest.

CHAIRPERSON FIELDS:

I'm going to Jeff and Basia and you to return next meeting and see if

we can get an answer.

MS. ALLAR:

We certainly will be able to bring the Space Steering Committee up to

speed with what we're doing, but one the concerns that the different departments had was with respect to certain mechanical systems within the -- the health center and the DSS center. And when we met with the developer, he assured us that he would be taking care of things. So all of this is being put within the lease, and any concerns that they had with HVAC what the County Architect's Office might have had with let's say toilets or -- and how after 15 years we would want to redo them. So all of this is currently being ironed out.

CHAIRPERSON FIELDS:

But wasn't there a prototype?

MS. ALLAR:

Yes, there was a prototype.

CHAIRPERSON FIELDS:

Why is -- why is this added on to the process?

MS. CARBONETTO:

The prototype is just for the way we're going to use the space. Now that that's the next element --

LEG. HALEY:

It's a starting point.

MS. ALLAR:

Yeah. It's a starting point, and it's something that we never had before. And so it certainly has helped move us along in what the developer is giving us as a base rent and what his build-out is, but then there are certain concerns or certain improvements, tenant improvements, that the department want over and above this or maybe --

CHAIRPERSON FIELDS:

Are they unusual?

MS. ALLAR:

No. It would not necessarily be unusual.

CHAIRPERSON FIELDS:

Okay. So maybe next month.

MS. ALLAR:

But I don't have a definitive number yet, and it still has to be negotiated with respect to the tenant improvements.

LEG. FOLEY:

Just to follow up on Ms. Allar's point that at the next -- as she mentioned, next Space Management Steering Committee Meeting we're going to be talking about this in great detail and certainly we'll send an invitation to you Madam Chair to attend.

CHAIRPERSON FIELDS:

I would love to.

LEG. FOLEY:

We have a number of meetings, we have been discussing this particular lease about some of the concerns that some of the departments have. And to answer your question without getting too specific -- Madam Chair, without getting too specific, a particular department -- one of a particular department's request was a little bit out of the

ordinary, and I think we've ironed that out. But at any rate, we are going to be moving forward this. And we are going to ask some -- not of Ms. Allar, but of others at that meeting -- there shouldn't be any other outstanding issues that -- that couldn't have been addressed by this point.

CHAIRPERSON FIELDS:

What additional steps do we actually have to take before we have the lease and ready to go forward with a resolution?

MS. ALLAR:

There has to be a preliminary site plan and approval. And we do have -- one of the things that was addressed at the meeting last Friday was the various stages for the developer to get us the site plan for the amount of time it would take DPW to review the site plan. Basia has worked on the lease itself, and for the most part that's ready to roll, we just have to insert certain conditions such as the preliminary plans and the acceptance of those plans as well as the amount of what the build-out is going to be. We have those preliminary numbers and then also, we have to address the cost of custodial for DSS. And so those are two --

CHAIRPERSON FIELDS:

But that was something I think we talked about six months ago.

MS. ALLAR:

Well, I've asked the developer if they would do the custodial for us -- for the DSS side of the building, Health already has their own --

CHAIRPERSON FIELDS:

Right. That was months ago, I think, right?

MS. ALLAR:

Right. And we're getting numbers on that, and those numbers do have to be discussed and hashed out.

CHAIRPERSON FIELDS:

Okay. So hopefully next month we'll have a more concrete time.

LEG. FOLEY:

We'll be all that much closer to receiving an executed contract.

CHAIRPERSON FIELDS:

Thank you very much. Motion to --

LEG. FOLEY:

Before we adjourn the meeting, Madam Chair, I would ask that if not this meeting, but the following -- following committee meeting we could discuss the Flu Shot Program. Okay? And you can have some of your top staff to attend that as well, Commissioner, so we can talk about how we can do things a little differently next year and what we need to do as far as the manufacturers of the vaccine and the like. Okay? All right. Thank you.

CHAIRPERSON FIELDS:

Motion to adjourn.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Thank you.

(*THE MEETING WAS ADJOURNED AT 12:35 P.M.*)

{ } DENOTES BEING SPELLED PHONETICALLY

59